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of Transportation

**National Highway  
Traffic Safety  
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Washington, D.C. 20590

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**TRANSPORTATION RESEARCH CENTER**

Indiana University  
Bloomington, Indiana 47403-1599

**ON-SITE AIR BAG INVESTIGATION**

CASE NO. - 96-05  
FLEET - PRIVATE VEHICLE  
LOCATION -  
ACCIDENT DATE - 1996

Submitted By:

Senior Staff Associate  
and

Associate Scientist

1996

Revised Submission:

1996

2001

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
National Center for Statistics and Analysis  
Washington, D.C. 20590-0003



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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

# Technical Report Documentation Page

1. Report No. TRC/IU Case No. 96-05		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle On-Site Air Bag Investigation Private Vehicle Location -				5. Report Date: 96; 96; 01	
				6. Performing Organization Code	
7. Author(s)  and				8. Performing Organization Report No. Task #s 0040 and 0265	
9. Performing Organization Name and Address Transportation Research Center Indiana University 222 West Second Street Bloomington, Indiana 47403-1501				10. Work Unit No. (TRAIS)	
				11. Contract or Grant No. DTNH22-94-D-17058	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590-0003				13. Type of Report and Period Covered Technical Report Crash Date: 1996	
				14. Sponsoring Agency Code	
15. Supplementary Notes On-site air bag deployment investigation involving a 1995 Volkswagen Golf III City, 4-door hatchback, with manual safety belts and dual air bags					
16. Abstract This report covers an on-site investigation of an air bag deployment crash that involved a 1995 Volkswagen Golf III City, 4-door hatchback, and a wooden utility pole. This crash is of special interest because the case vehicle's driver (1) initially claimed that the case vehicle's air bags deployed as a result of a sideswipe impact, and (2) sustained facial and eye injuries from her deploying air bag. The Golf was traveling west in the westbound lane of a two-lane, undivided, city roadway when it overrode the curb and traveled onto the north roadside where it impacted a wooden utility pole. The front right corner of the Golf (case vehicle) clipped the south side of the utility pole. As the case vehicle continued westward, the pole deformed the right front fender and snagged the right front wheel causing the case vehicle's driver side and right front passenger side supplemental restraints (air bags) to deploy. The case vehicle's driver (25 year-old female) was normally postured, with her seat track located between its middle and rearmost position, and the steering wheel had no tilt feature. She was also restrained by her available, active, three-point, lap and shoulder belt and sustained, according to her interview and her medical records, minor injuries which included: a chemical injury to her conjunctiva (eyes), facial abrasions [including right forehead and malar region, lips (upper and lower), and chin], a chemical burn (e.g., alkali) to her lips (upper and lower) and chin (i.e., left, lower, lateral face), an unspecified injury (e.g., abrasion) to the lower lateral mucosa of left lip, and a neck abrasion.					
17. Key Words Air Bag Deployment Motor Vehicle Traffic Crash Injury Severity				18. Distribution Statement General Public	
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 33	
				22. Price \$7,200	

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# TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-05

FLEET - PRIVATE VEHICLE  
LOCATION -

## SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1995 Volkswagen Golf III *City* and a wooden utility pole occurring in 1996 at 2:45 a.m., on a city street. This crash is of special interest because the case vehicle's driver (1) initially claimed that the case vehicle's air bags deployed as a result of a sideswipe impact, and (2) sustained facial and eye injuries from her deploying air bag.

The Golf was traveling west in the westbound lane of a two-lane, undivided, city roadway when it overrode the curb and traveled onto the north roadside where it impacted a wooden utility pole.

The front right corner of the Golf clipped the south side of the utility pole. As the Golf continued westward, the pole deformed the right front fender and snagged the right front wheel. The CDC was determined to be: 12-FREE-7 for the Golf. No reconstruction program was used on this crash because the NASS, CDS, SMASH protocol requires that actual vehicular crush measurements be obtained; however, this contractor's visually estimated Delta V is between 20 km.p.h. (12 m.p.h.) and 25 km.p.h. (16 m.p.h.).

The 1995 Golf III *City* was equipped with both driver and right front passenger supplemental restraint systems (air bags) which deployed as a result of the frontal, snagging-type impact. The driver of the vehicle (25 year-old female) was normally postured, with her seat track located between its middle and rearmost position, and the steering wheel had no tilt feature. She was also restrained by her available, active, three-point, lap and shoulder belt and sustained, according to her interview and her medical records, minor injuries which included: a chemical injury to her conjunctiva (eyes), facial abrasions [including right forehead and malar region, lips (upper and lower), and chin], a chemical burn (e.g., alkali) to her lips (upper and lower) and chin (i.e., left, lower, lateral face), an unspecified injury (e.g., abrasion) to the lower lateral mucosa of left lip, and a neck abrasion.

# CRASH SCHEMATIC

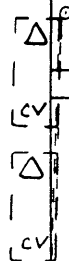
TRC/IU CASE NO. 96-05

Scale: 1 cm = 2.5 m  
(prior to reduction @ 94%)

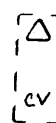


Case Vehicle at approximate Final Rest

Case Vehicle's right front headlight



Event Number One: Case Vehicle strikes pole; pole is Reference Point



Beginning of off-road tire imprint left by Case Vehicle's right front tire

Road Surface: Asphalt  
Road Condition: Wet  
Curvature: Straight  
Grade, pre-impact= Level  
(i.e., < 2 %; actual grade is -1.2 %)  
Grade, between impact and final rest = Level  
(i.e., < 2 %; actual grade is -1.2 %)

SIDEWALK

SIDEWALK

Reference Line is curb on north side of roadway

# TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-05

FLEET - PRIVATE VEHICLE  
LOCATION -

## ACCIDENT DATA

Location/Street:	City Street
State:	
Area/Type:	Urban, residential
Accident Date/Time:	1996, @ 2:45 a.m.
Accident Type:	Car - ran-off-road {Sideswipe with snagging-utility pole}
Occupant Injury Severity (air bag vehicle):	Facial abrasions (AIS-1)

## AMBIENT CONDITIONS

Light Conditions:	Dark, but lighted
Weather Condition:	Precipitating
Precipitation:	Rain
Road Surface:	Wet
Temperature:	34 degrees F @

## ROADWAY

### Case Vehicle

Location:	City street
Number of Travel Lanes:	Two-lanes, undivided; one westbound, one eastbound
Width:	3.2 meters (10.5 feet) westbound
Surface Type:	Bituminous
Median:	None
Shoulders:	None
Vertical alignment:	Level [i.e., grade less than 2 % (-1.2 %)]
Horizontal alignment:	Straight

**ROADWAY (CONTINUED)****Case Vehicle**

Estimated Coefficient of Friction: .65

Traffic Density: Light

**TRAFFIC CONTROLS****Case Vehicle**

Signals: None

Signs: Regulatory SPEED LIMIT sign

Markings: Double solid yellow centerlines between eastbound and westbound traffic lanes

Speed Limit: 40 km.p.h. (25 m.p.h.)

**VEHICLES****Case Vehicle**

Year: 1995

Make: Volkswagen

Model: Golf III *City*

Body Type: 4-door hatchback, 5 passengers

V.I.N. 3VWJB81H8SM-----

Color: White

Mileage: 8,909 kilometers (5,536 miles)

Engine: 2.0 liters, I4

Transmission: Manual, 5-Speed

Steering: Power-assisted, rack-and-pinion

Brakes: Power-assisted, front disc, rear drum

Padding: Steering wheel and hub, sunvisors, dash, "A"-pillars, side door surfaces, knee bolsters

Active Restraints: 3-point, manual, lap and shoulder belts in front and rear outboard seating positions; lap belt only at rear center position

## VEHICLES (CONTINUED)

Case Vehicle

Passive Restraints:	Factory installed driver and right front passenger supplemental restraint systems (air bags)
Defects:	None
Fleet:	Private vehicle
Tow status:	Towed due to damage

## VEHICLE DAMAGE

EXTERIORCase VehicleDeployment Impact

Event number:	First
Object Struck:	Utility Pole
Damage location	
Damaged Plane:	Front
Vertical Location	
On Plane:	Bumper
Direct Begins:	Front right bumper corner
Length Direct:	5 cm ( 2.0 in)
Field L:	20 cm ( 7.9 in)
C <sub>1</sub> :	Not applicable
C <sub>2</sub> :	Not applicable
C <sub>3</sub> :	Not applicable
C <sub>4</sub> :	Not applicable
C <sub>5</sub> :	Not applicable
C <sub>6</sub> :	Not applicable
D:	Unknown
Maximum Crush:	136 cm ( 53.5 in) -- down right side
Location:	C <sub>4</sub> (i.e., because the Field L was $\leq$ 40 cm (16 in)
CDC:	12-FREE-7
Damaged Components:	Bumper, grille, right front headlight assembly, fender, wheel, and door, and right front axle and suspension

INTERIOR

Damaged Components:	Steering wheel rim, and air bag
Other Evidence of Occupant Contact:	Driver's knee bolster



### VEHICLE DAMAGE (CONTINUED)

#### INTERIOR (Continued)                      Case Vehicle

Manual Restraint  
System Failures:                      None

Seat Performance  
Failures:                                  None

#### REPAIR

Cost Estimate:                              \$8,722

### VEHICLE VELOCITY ESTIMATES<sup>1</sup>

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>
Reconstruction Program:	Not applicable
Program Algorithm:	Not applicable
Travel Speed <sup>1</sup> :	48 km.p.h. ( 30 m.p.h.)
Total Delta "V":	Unknown
Longitudinal Delta "V":	Unknown
Lateral Delta "V":	Unknown

### COLLISION SEQUENCE

**PRE-CRASH:**        According to the Police Accident Report and the case vehicle's driver, the case vehicle (Golf) was traveling west in the westbound lane of a two-lane, undivided, city roadway and was intending to continue in its direction of travel. According to the case vehicle's driver, an animal ran out from the south side of the street into her path of travel. According to the case vehicle's driver, she swerved to the right, avoiding the animal, but subsequently went off the north edge of the roadway. Also, according to the case vehicle's driver, she was adjusting her radio just prior to her attempted avoidance maneuver. In addition, according to her medical records, the case vehicle's driver had alcohol on her breath<sup>2</sup> at the time of treatment. According to the Police Accident Report and the scene inspection, the case vehicle overrode the curb on the north side of the roadway, and the right front tire deposited an imprint in the grass along the north roadside. According to the case vehicle's driver, she attempted to steer left just

<sup>1</sup> Based on Case Vehicle Driver's estimate.

<sup>2</sup> The Police Accident Report indicated that no alcohol was detected. No measurement of the driver's blood alcohol level was reported in the medical records that this contractor obtained.

## COLLISION SEQUENCE (CONTINUED)

## Pre-Crash: (Continued)

prior to impacting the utility pole. According to the scene inspection, the case vehicle continued essentially straight ahead prior to impact. The crash occurred when the case vehicle struck a wooden utility pole on the roadside which was located 0.5 meters<sup>3</sup> (1.6 feet) from north roadway edge.

**CRASH:** According to the scene and vehicle inspections, the front right bumper corner of the case vehicle clipped the south side of a wooden utility pole. The case vehicle's initial impact with the utility pole was a sideswiping type impact, but as the case vehicle continued westward and most likely swerved to the left, the pole deformed the right front fender and snagged on the right front wheel assembly causing both the driver and right front passenger side supplemental restraint systems (air bags) to deploy. According to the Police Accident Report and the scene inspection, after impacting the utility pole the case vehicle was redirected back onto the roadway and came to rest facing west in the westbound lane approximately 5 meters (16 feet) from the utility pole.

## POST-CRASH:

**Occupants:** According to the Police Accident Report and the case vehicle's driver, she remained inside the vehicle at final rest. She was conscious and able to exit the case vehicle under her own power. According to the case vehicle's driver, she was normally postured, with her seat track located between its middle and rear-most position, and the steering wheel had no tilt feature. She was restrained by her available, active, three-point, lap and shoulder belt.

**Police:** The investigating police agency was notified of the accident and arrived on-scene within one minute. Traffic control procedures were established and emergency medical and towing services were called to assist.

**Rescue:** The driver was transported by a friend to a medical facility where she was treated and released. According to her interview and her medical records, she sustained minor injuries which included: a chemical injury to her conjunctiva (eyes), facial abrasions [including right forehead and malar region, lips (upper and lower), and chin], a chemical burn (e.g., alkali) to her lips (upper and lower) and chin (i.e., left, lower, lateral face), an unspecified injury (e.g., abrasion) to the lower lateral mucosa of left lip, and a neck abrasion.

**Removal:** Following the police investigation, the case vehicle was towed from the scene.

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<sup>3</sup> This measurement was taken to the center of the pole. According to the case vehicle's driver, the southern most surface of the pole was 0.15 meters (0.5 feet--six inches) from the roadway. This contractor considers her estimate reliable.

## HUMAN FACTORS/OCCUPANT DATA

Case Vehicle

DRIVER: 25 year-old female

Height: 168 centimeters (66 inches)

Weight: 54 kilograms (120 pounds)

Occupation: Student

Active Restraint System/Usage: 3-point lap and shoulder/Used

Usage Source: Vehicle inspection, interviewee, and Police Accident Report

Passive Restraint System/Usage: Factory installed air bag / air bag deployed

Usage Source: Vehicle inspection and interviewee

Eye glasses/contacts: Contacts (soft disposable)

Vehicle Familiarity: Six months, drives approximately 16,100 kilometers (10,000 miles) per year

Route Familiarity: Twice weekly

Trip Plan: Social/Recreational (restaurant/bar) to home

Manner of Leaving Scene: In friend's car (i.e., case vehicle's driver was following friend home at time of crash)

Type of Medical Treatment: Treated and released

Ethyl Alcohol: Alcohol on breath, no indication on medical records that a test was ordered

CASE VEHICLE DRIVER INJURIES<sup>4</sup>

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Injury, chemical <sup>4</sup> , conjunctiva	240416.1,1 240416.1,2	3	Air bag, driver's side	{Certain}

<sup>4</sup> According to this patient's medical records, "The powder got into her eyes and immediately she had burning pain. She also has burning over her face ...." On arrival at the emergency room, the patient's eyes were also irrigated with normal saline solution. The doctors were assisted with this diagnosis by a "poison control center" which told (presumably by telephone) the doctors to look for Sodium Azide and Sodium hydroxide (alkaline).

## DRIVER INJURIES (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasions, face {including right forehead and malar region, lips (upper and lower), and chin	290202.1,0	3	Air bag, driver's side	{Certain}
Burn, chemical <sup>4</sup> (e.g., alkali), lips (upper and lower) and chin (i.e., left, lower, lateral face)	292002.1,8	3	Air bag, driver's side	{Certain}
Injury, not further specified (e.g., abrasion) to lower lateral mucosa of left lip	243299.1,8	3	Air bag, driver's side	{Certain}
Abrasion neck	390202.1,5	7	Air bag, driver's side	{Probable}

## CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle's driver, her initial posture just prior to the impact was: sitting upright with her back against the seatback, her left foot on the clutch, and her right foot on the brake. The vehicle inspection showed that the seat track was set in the middle position with the seatback in the slightly reclined position. According to the case vehicle's driver, she felt that she normally positioned her seat track between the middle and rearward positions. In this contractor's opinion, the case vehicle's driver just wasn't exactly sure how she had her seat positioned. Because both air bag modules had been replaced at the time of this contractor's vehicle inspection, it is very likely that both front seat track positions had been altered from their location at the time of the crash. Therefore, it is most likely that the driver's seat track was located between its middle and rearmost position at the time of the crash. According to the driver and the Police Accident Report, she was using her available, active, three-point, lap and shoulder restraints. An inspection of the seatbelt systems showed recent usage but no definite evidence of usage during the crash. It should be noted that according to the body shop manager, Volkswagen requires that the belt systems<sup>5</sup> be replaced as a part of the repair process on any of their vehicles involved in a crash.

Based on both the case vehicle driver's interview and the available scene evidence, the case vehicle's right roadway departure put the right side of the case vehicle in a 10 degree angle prior to striking the wooden utility pole. Although the case vehicle's driver alleges that she swerved to her right to avoid an animal, she indicated, that immediately prior to seeing the alleged animal, she had been adjusting her vehicle's radio. Based on the Police Accident Report and the available scene evidence (or lack thereof), this contractor believes that the case vehicle drifted off the roadway to the right while the driver was adjusting the radio. The radio adjustment most likely put the driver on a slight incline to her right.

<sup>5</sup> For this vehicle, both front seat safety belts were replaced.

## CASE VEHICLE DRIVER KINEMATICS (CONTINUED)

In this contractor's opinion, the case vehicle's driver sensed her vehicle was mounting the north curb, moved back leftward and up toward a normal driving position, and realized that the case vehicle was headed toward the wooden utility pole. According to the case vehicle's driver, she attempted to steer to the left immediately prior to the impact with the utility pole. Based on occupant kinematic principles, the case vehicle's driver moved slightly toward her right as a result of the left swerve.

According to the case vehicle's driver, her air bag deployed when she hit the curb. This allegation is not supported by the vehicle inspection. Instead, the impact with the utility pole was slight until it hit the wheel well area where this investigator believes the pole snagged the wheel assembly and caused a significant deceleration which triggered deployment of the dual air bags<sup>6</sup>. Based on occupant kinematic principals, this snagging sent the case vehicle's driver forward; but, she stated that her available, active, three-point, lap and shoulder belt held her back (locked-up) from absorbing the full force of the deploying driver air bag. Our inspection of the driver air bag revealed a small lipstick mark along with what appeared to be a deposit of some mucous<sup>7</sup> on the bag.

After the impact with the utility pole, the case vehicle was redirected back into the westbound lane and came to rest heading primarily west. According to the case vehicle's driver, at final rest she was essentially in the same seating position as she was prior to the crash due to her usage of the available, active, three-point, lap and shoulder belt.

## AIR BAG SYSTEM

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	Circular, 68 cm (26.8 in)	Rectangular, 48 cm (18.9 in) laterally and 69 cm (27.2 in) vertically
Number of Vent Holes:	Two	None
Vent Hole Diameter:	2.5 cm (1.0 in)	Not applicable
Vent Hole Clock Positions:	<b>Ten thirty</b> (i.e., between ten and eleven o'clock) and <b>one thirty</b> (i.e., between one and two o'clock)	Not applicable
Generant Residue:	No unusual amount found	No unusual amount found

<sup>6</sup> According to the body shop manager, this snagging caused the right front axle to shear in two pieces.

<sup>7</sup> It should be noted that at the time of the accident the driver had a cold that involved nasal congestion.

Appendix A:

**SELECTED PHOTOGRAPHS**

A total of forty-four color copies of photographs are presented and referenced as Photograph #01 through Photograph #44. All of these photographs were taken by the Transportation Research Center.





# 01: Case Vehicle’s westward travel path in westbound lane approximately 50 meters (164 feet) east of impact with utility pole (i.e., @ red cone)



# 02: Case Vehicle’s westward travel path in westbound lane approximately 30 meters (98 feet) east of impact with utility pole (i.e., @ red cone)





# 03: Case Vehicle's westward travel path in westbound lane approximately 20 meters (66 feet) east of impact with utility pole



# 04: Case Vehicle's right front tire departs its westward travel path in westbound lane onto roadside approximately 13 meters (43 feet) east of pole impact





# 05: Westward view of Case Vehicle's right front tire imprint along north roadside after departing north edge of westbound lane (cell H3)



# 06: Close-up of Case Vehicle's right front tire imprint along north roadside grass approximately 10 meters (33 feet) east of impact with utility pole





# 07: Case Vehicle's westward travel path while partially on north roadside approximately 5 meters (16 feet) east of impact with utility pole



# 08: Close-up of Case Vehicle's right front tire imprint along north roadside leading into struck utility pole; NOTE: broken turn signal glass (cell I2)





# 09: Northwestward close-up view of damage to southern base of utility pole caused by impact with Case Vehicle's front right bumper and right fender

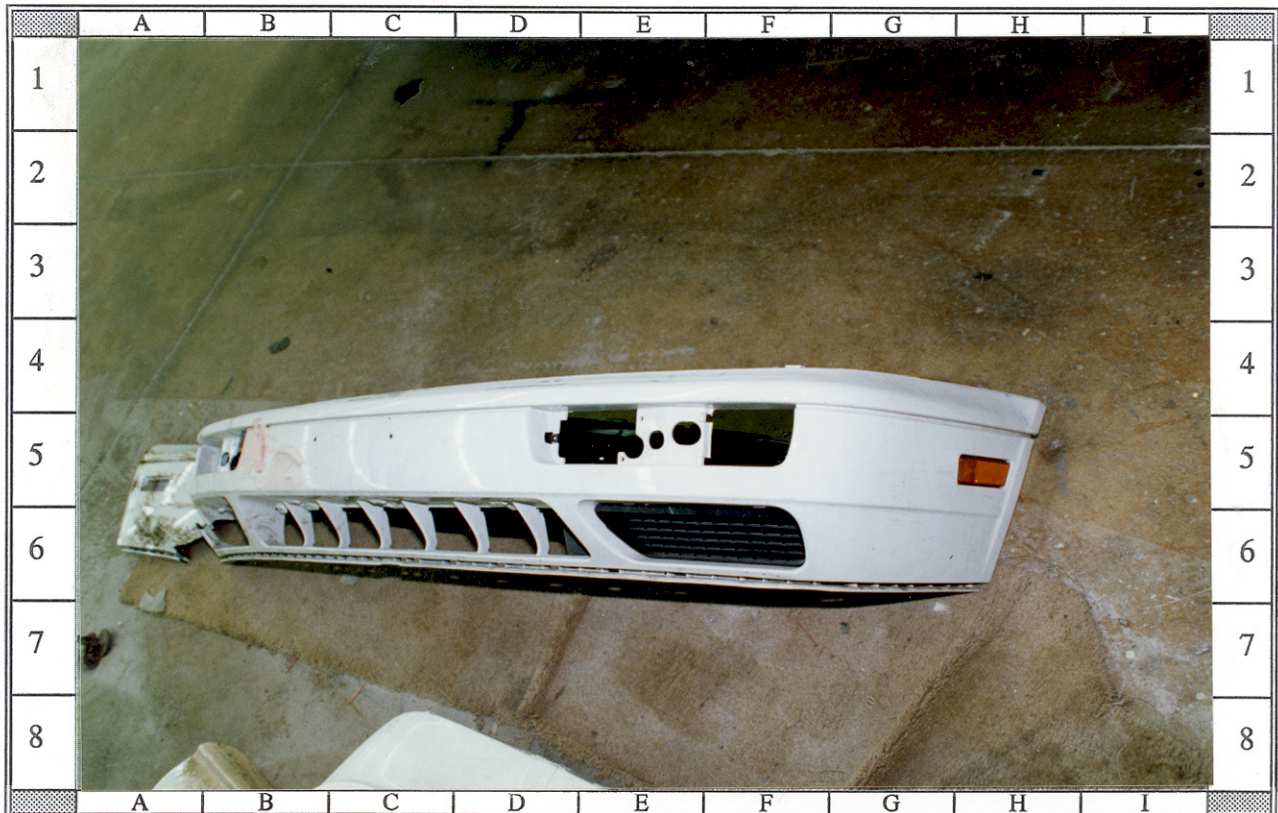


# 10: Eastward view of Case Vehicle's westward travel path leading into utility pole (red cone) from approximate area of final rest





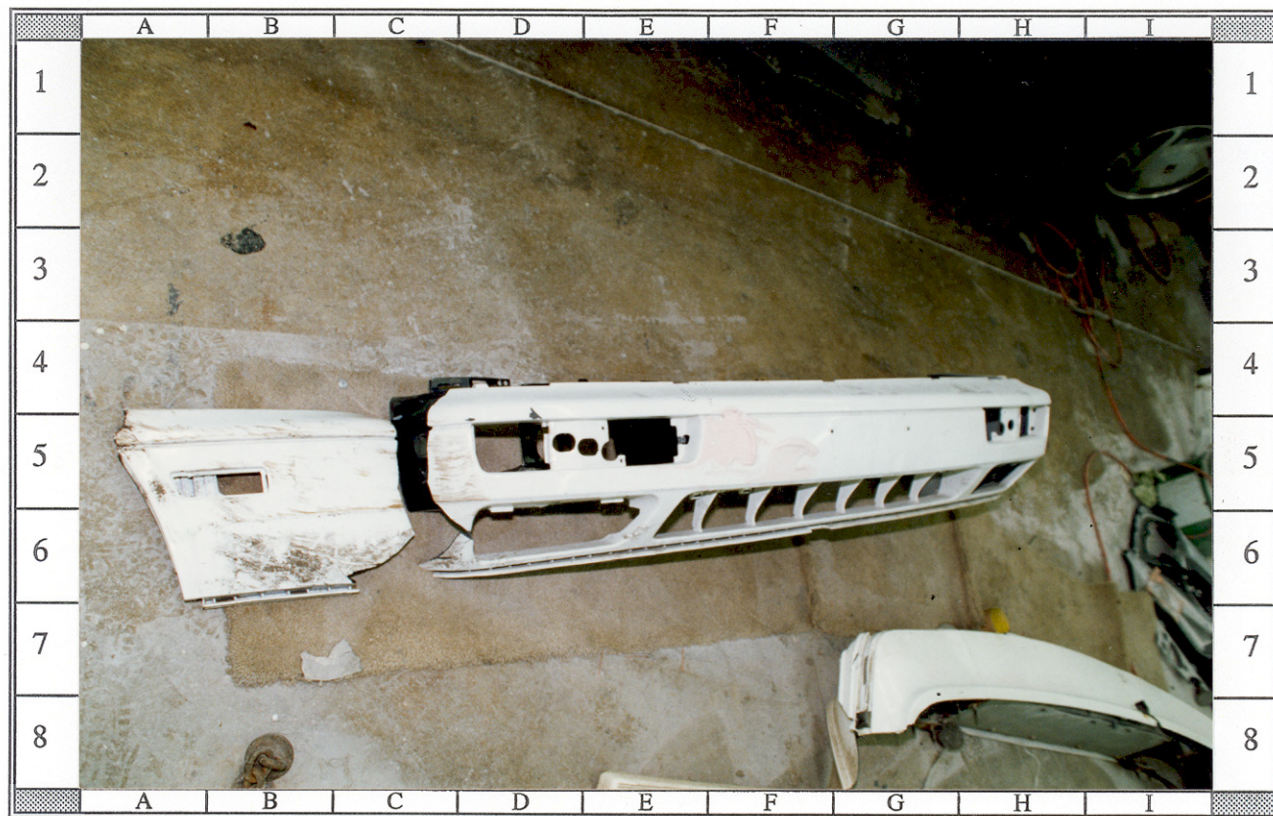
# 11: Case Vehicle's damaged front right bumper and right front fender viewed from ~ 45 degrees right of front; NOTE: vehicle in process of being repaired



# 12: Case Vehicle's damaged front bumper fascia, viewed from left, which was removed during repair process; NOTE: direct damage to front right corner only

Case Vehicle: 1995 Volkswagen Golf III City, Five-door Hatchback





# 13: Rightward view of Case Vehicle's damaged front bumper facia which is on top of reinforcement bar; NOTE: direct damage to front right corner only

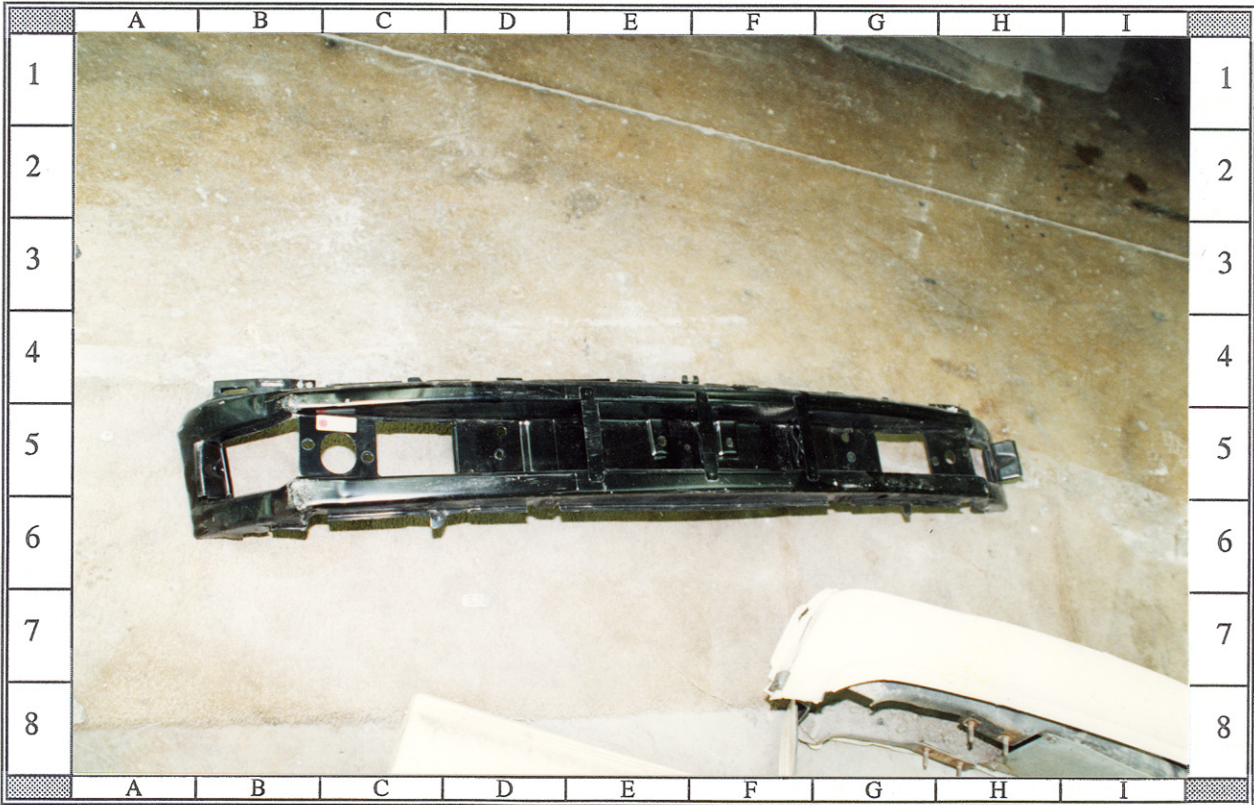


# 14: Close-up of damaged right corner of Case Vehicle's front bumper facia; NOTE: direct damage extends just leftward of right bumper corner





# 15: Case Vehicle's front bumper fascia showing two pieces of damaged front right corner as they were originally formed prior to the crash



# 16: Case Vehicle's removed bumper reinforcement; NOTE: direct damage extends to right end of white tape (cell C5)





# 17: Close-up of Case Vehicle’s removed bumper reinforcement; NOTE: direct damage measures 5 centimeters (2 inches) from bumper crease



# 18: Case Vehicle’s damaged right front fender viewed from approximately 60 degrees right of front; NOTE: right front wheel assembly already repaired

Case Vehicle: 1995 Volkswagen Golf III City, Five-door Hatchback





# 19: Case Vehicle's right front fender showing area of direct damage viewed from right; NOTE: direct damage extends rearward to green dot (cell B5)



# 20: Close-up view of direct contact damage to Case Vehicle's right outside rearview mirror; NOTE: poor photo quality hides contact evidence





# 21: Case Vehicle’s damaged right front fender viewed from approximately 45 degrees to right of back; NOTE: sideswipe type damage



# 22: Case Vehicle’s undamaged back and right rear side viewed from approximately 45 degrees right of back

Case Vehicle: 1995 Volkswagen Golf III City, Five-door Hatchback





# 23: Case Vehicle's undamaged back plane; NOTE: driver and right front passenger air bag modules are shown in rear hatch area after removal



# 24: Case Vehicle's dismantled front end and undamaged left side viewed from approximately 45 degrees left of front

Case Vehicle: 1995 Volkswagen Golf III City, Five-door Hatchback





# 25: Case Vehicle’s undamaged left side shown from front to back along left reference line



# 26: Case Vehicle’s damaged right side shown from front to back along right reference line; NOTE: sideswipe type damage

Case Vehicle: 1995 Volkswagen Golf III City, Five-door Hatchback





# 27: Case Vehicle’s driver door viewed while open from back showing smudge, of unknown origin, to interior surface (cells F3--F4)



# 28: Case Vehicle’s front seating area showing replaced driver and passenger air bag modules; NOTE: evidence of contact on knee bolster from left knee





# 29: Close-up of contact to Case Vehicle’s knee bolster caused by driver’s left knee



# 30: Case Vehicle’s driver seating area showing replaced driver air bag module and noncontacted center console and left A-pillar; NOTE: rearview mirror atop dash

Case Vehicle: 1995 Volkswagen Golf III City, Five-door Hatchback





# 31: Case Vehicle's driver seating area; NOTE: replaced air bag module, noncontacted left pillars and roof side rail, and adjustable shoulder harness on B-pillar



# 32: Case Vehicle's right front passenger seating area and door; NOTE: replaced air bag modules and interior door panel removed for repair





# 33: Case Vehicle's removed driver seatbelt--a normal Volkswagen practice following crashes; NOTE: no evidence of usage found on belt or D-ring

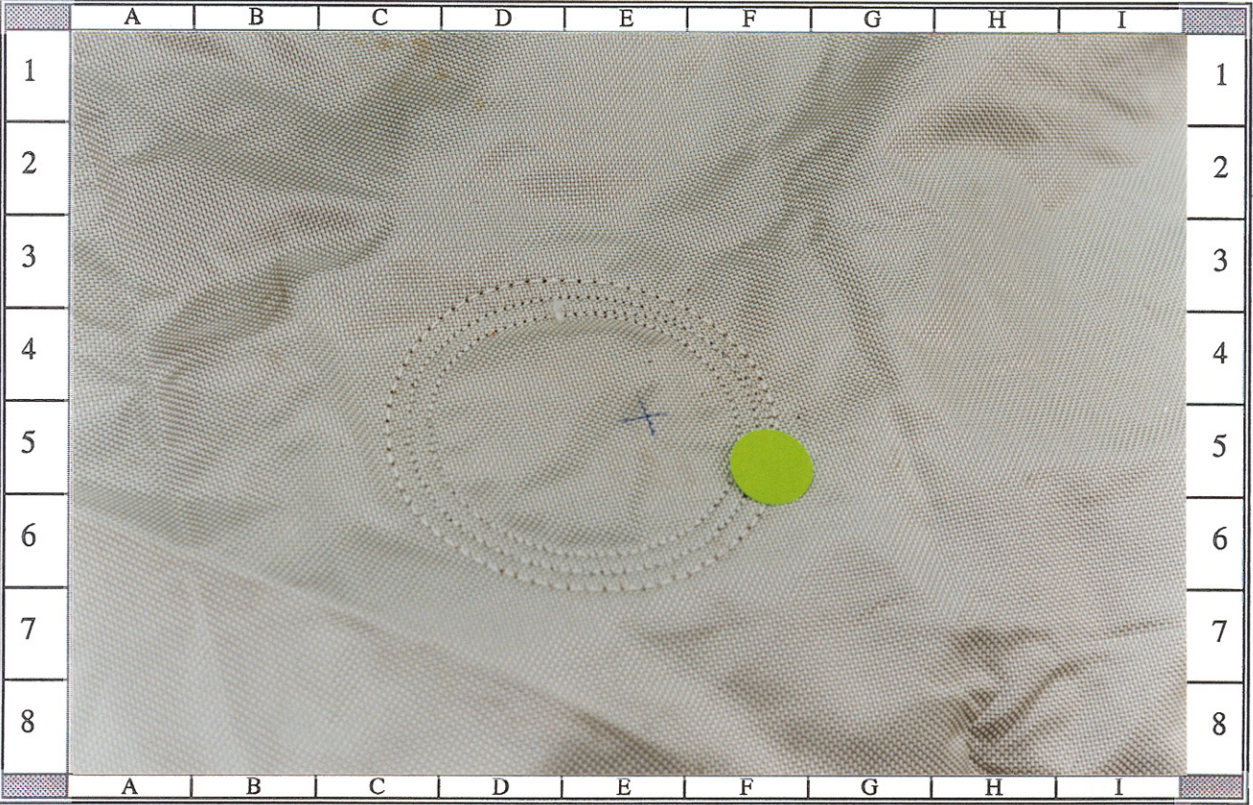


# 34: View of marks and contact evidence to Case Vehicle's driver air bag; NOTE: air bag located in hatch and green dots represent marks and contacts



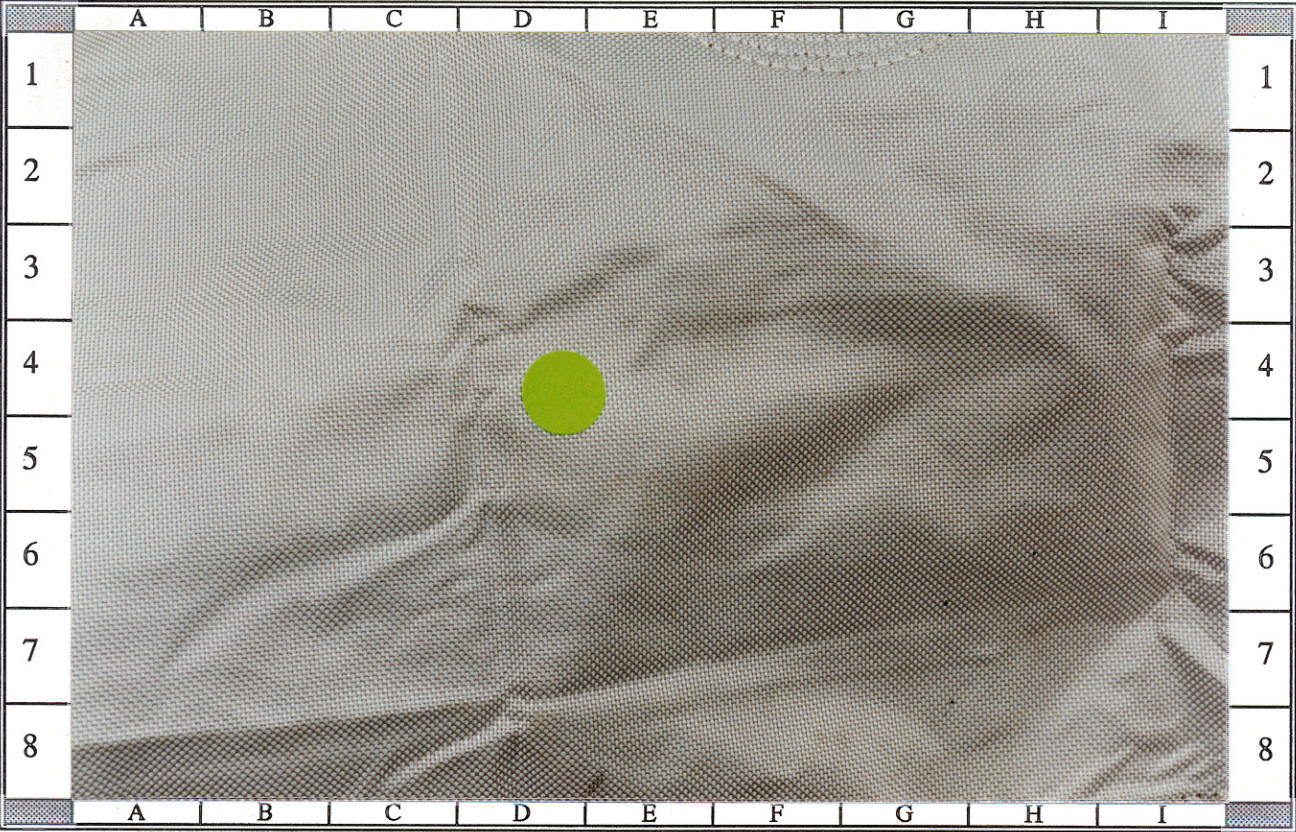


# 35: Close-up of Case Vehicle's driver air bag showing mucous from driver's facial contact during deployment; NOTE: contacted area was at top of air bag



# 36: Close-up of Case Vehicle's driver air bag showing facial contact to center portion of air bag; NOTE: contact appears to be lipstick



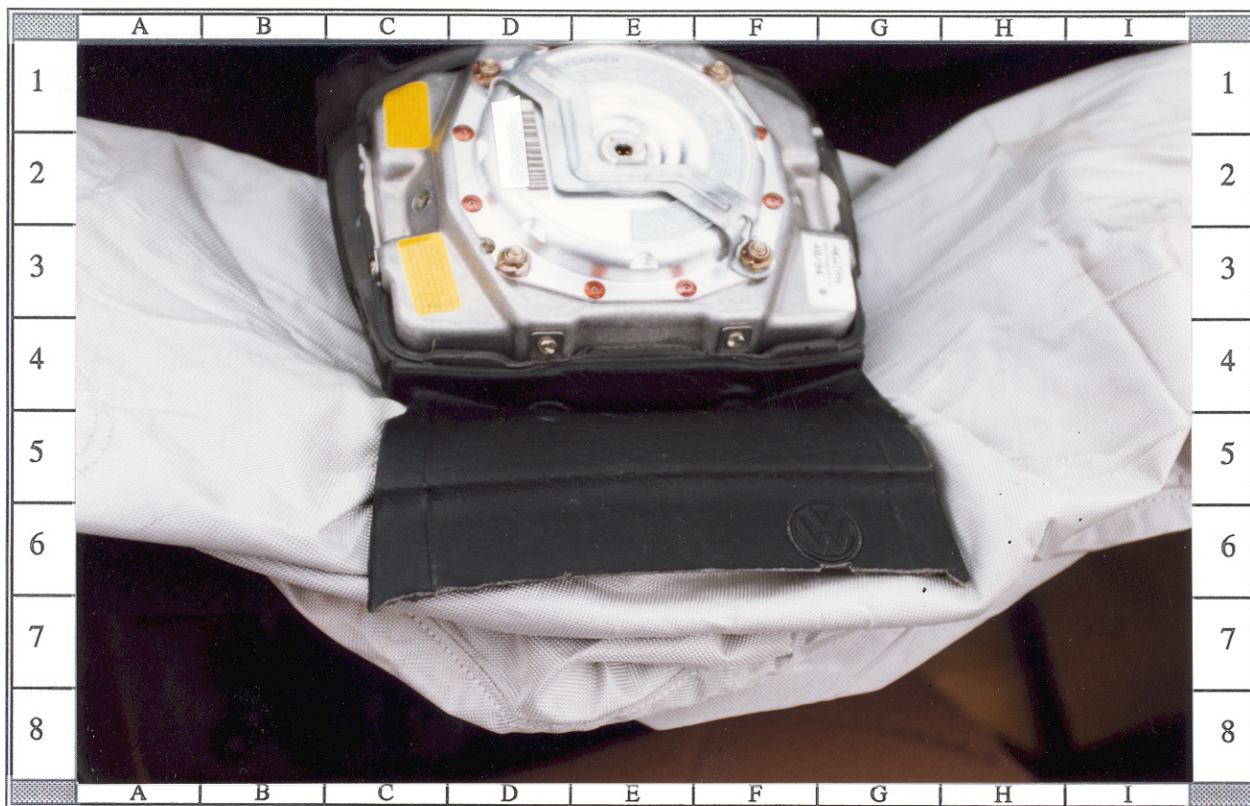


# 37: Close-up of Case Vehicle’s driver air bag showing an unknown mark on lower left of air bag; NOTE: mark is possibly an oil smear



# 38: Close-up of Case Vehicle’s driver air bag showing an unknown mark to right side of air bag; NOTE: mark is possibly smeared blood or make-up



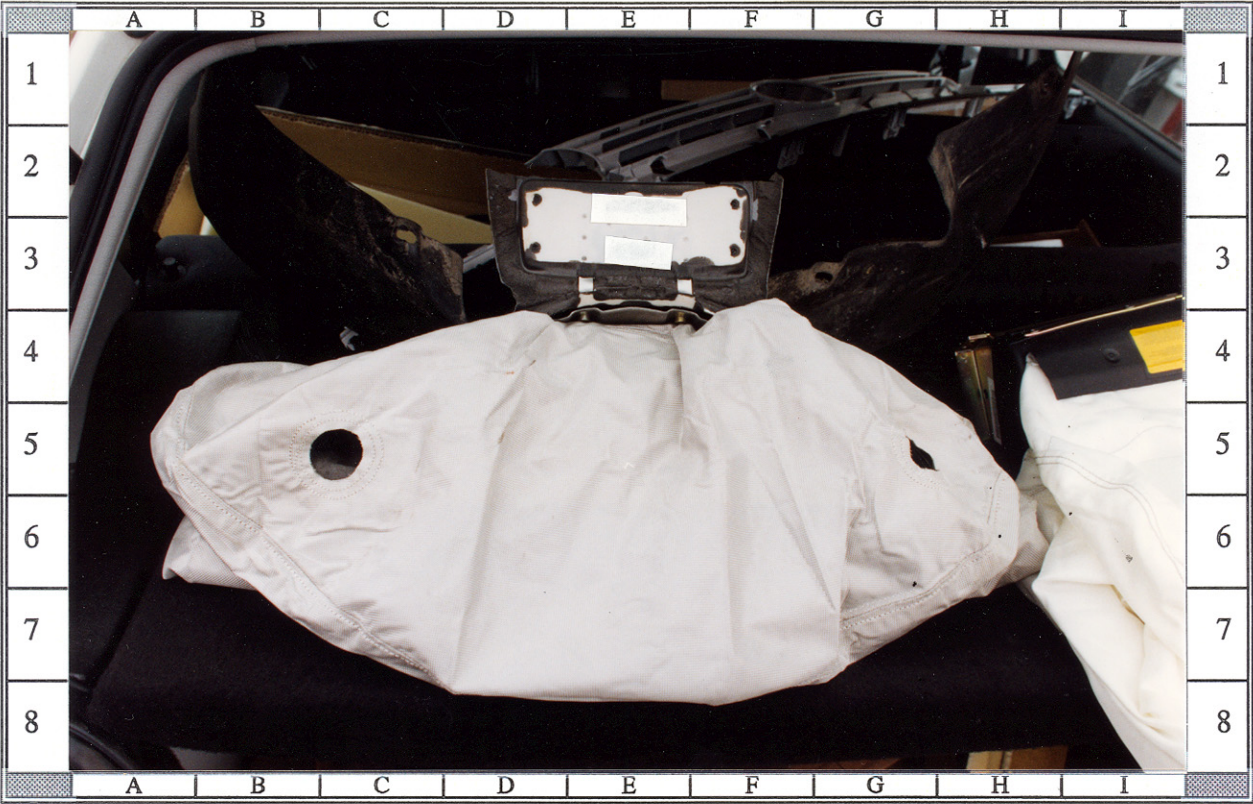


# 39: Close-up of top cover flap from Case Vehicle's driver air bag module showing no contact evidence; NOTE: backside of module shown above flap



# 40: Close-up of bottom cover flap from Case Vehicle's driver air bag module showing no contact evidence





# 41: Close-up of vent holes--near Ten and Two o'clock, on Case Vehicle's driver air bag; NOTE: removed air bag module was located in hatch at time of photograph



# 42: Case Vehicle's noncontacted right front passenger air bag; NOTE: removed air bag module was located in hatch at time of photograph





# 43: Close-up of noncontacted top and bottom cover flaps from Case Vehicle’s right front passenger air bag; compare flap alignment with Photos #28 and #32



# 44: Case Vehicle’s rear seating area showing stored replacement parts in back seat;  
NOTE: adjustable front seat head restraints and 3-point outboard rear safety belts

**POLICE ACCIDENT REPORT**

BEST AVAILABLE

[illegible]

LOCAL		DESCRIBE WHAT HAPPENED TO UNITS BY NUMBER		UNIT #1 WAS W/B ON [REDACTED] T	
E/OF		DRIVER OF UNIT #1 DID FAIL TO MAINTAIN CONTROL AND STRUCK A UTILITY POLE. DRIVER UNIT #1 WAS TREATED FOR FACIAL INJURIES AT HOSPITAL, (By Dr. ) AND WAS RELEASED.			
1 NO ADVERSE WEATHER 2 RAIN 3 SNOW 4 FOG 5 HIGH WIND 6 OTHER		FIRST HARMFUL EVENT TWO MV IN TRANSPORT 1 HEAD ON 2 REAR-END 3 BACKING 4 SIDESWIPE MEETING ONE MV IN TRANSPORT (COLLISION) 7 PARKED MOTOR VEH 8 PEDESTRIAN 9 ANIMAL 10 TRAIN 11 PEDALCYCLE 12 OTHER NON-M V 13 FIXED OBJECT 14 OTHER OBJECT (NON-COLLISION) 15 FALL FROM OR IN VEH 16 OVERTURNING 17 OTHER NON-COLLISION		ROAD CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 DIRT/SAND 6 OTHER LIGHT 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK NO LIGHTS 5 DARK-LIGHTED 6 OTHER ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE OCCURRENCE 1 ON ROADWAY 2 OFF LEFT SIDE 3 OFF RIGHT SIDE 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY SPECIAL AREA 1 ROAD CONSTRUCTION 2 MAINTENANCE AREA 3 SCHOOL ZONE	
TYPE OF UNIT 1 CAR 2 BUS 3 TRUCK 4 EMERGENCY 5 TAXI 6 MOTOR HOME 7 TRAIN 8 FARM VEHICLE 9 CONSTRUCTION EQUIP 10 ANIMAL W/RIDER 11 ANIMAL W/BUGGY 12 BICYCLE 13 ALL OTHERS P - PEDESTRIAN		PRE-CRASH ACTIONS DRIVER ACTIONS 1 GOING STRAIGHT 2 TURNING RIGHT 3 TURNING LEFT 4 TURNING ON RED LIGHT 5 U TURN 6 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 PARKING/UNPARKING 9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 MERGING/EXITING 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS PEDESTRIAN ACTIONS 18 CROSSING IN X-WALK 19 CROSSING OTHER 20 WALKING IN ROAD (WITH TRAFFIC) 21 WALKING IN ROAD (AGAINST TRAFFIC) 22 PLAYING IN ROAD 23 WORKING ON ROAD 24 ENTERING OR LEAVING VEHICLE 25 PUSHING/WORKING ON VEH IN ROAD 26 OTHER IN ROAD 27 ON SIDEWALK OR SHOULDER		CONTRIBUTING FACTOR DRIVER ERROR 1 NONE 2 FAILURE TO YIELD 3 UNSAFE SPEED 4 FOLLOWING TOO CLOSELY OR ACDA 5 RAN RED LIGHT 6 RAN STOP OR YIELD SIGN 7 IMPROPER TURN 8 IMPROPER PASSING 9 IMPROPER LANE CHANGE 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 LEFT OF CENTER 14 FAILURE TO CONTROL 15 DRIVER INATTENTION 16 DROVE OFF ROAD REASON UNKNOWN 17 OTHER DRIVER NON-DRIVER FACTOR 18 VEHICLE DEFECTS 19 LOAD SHIFTING 20 FALLING, SPILLING 21 PAVEMENT DEFECT 22 SHOULDER DEFECT 23 DEBRIS ON ROAD 24 DOWNED TRAFFIC SIGN/DEVICE 25 VISION OBSTRUCTION 26 ANIMAL ACTIONS 27 PEDESTRIAN ACTIONS VEHICLE DEFECTS CODE IF CONTRIBUTING FACTOR IS 18 PRIMARY SECONDARY	
SPEED UNIT EST. LEGAL A 25 25 B MC HELMET USE UNIT DRIVER PASS A B		TRAFFIC CONTROL 1 NO CONTROLS 2 STOP SIGN 3 YIELD SIGN 4 TRAFFIC SIGNAL 5 TRAFFIC FLASHERS 6 SCHOOL ZONE 7 RAILROAD CROSSBUCKS 8 RAILROAD FLASHERS 9 RAILROAD GATES 10 CONSTR BARRICADES 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 OTHER PEDESTRIAN 14 NO CONTROLS 15 CROSSWALK LINES 16 WALK/DON'T WALK DEVICE		TRUCK 1 EMPTY 2 PERISHABLE GOODS 3 HAZARDOUS LIQUID 4 HAZARDOUS SOLID 5 RADIOACTIVE 6 MATERIAL TRUCK 1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT 7 WORN OR SLICK TIRES 8 TRAILER EQUIPMENT 9 DEFECTIVE 10 MOTOR TROUBLE 11 OTHER DEFECTS	

**VEHICLE REPAIR ESTIMATE**



BEST AVAILABLE

DATE: 96

TIME: 14:20:01

PAGE 1 OF 3

## THE BODY SHOP

## REPAIR ORDER FOR LABOR AND MATERIAL

DR #:

RO #:

ESTIMATOR...:

CUSTOMER....  
ADDRESS.....  
CITY, ST, ZIP..DATE CREATED.: 96  
HOME PHONE:  
BUS. PHONE:VEHICLE.....:1995 VOLKSWAGEN GOLF CITY 4DR  
MILEAGE IN...: 5535.0  
PAINT CODE...:WHITE  
TRIM CODE...:  
V. I. N. #.....: 3VWJB81H8SLICENSE #....  
MILEAGE OUT...: 0.0  
PROD. DATE...: 95

Copyright

LN	ACTION TYPE	DESCRIPTION	PART #	PART TYPE	ADJ %	MAT/PART	LABOR
1	REPLACE BO	*FRT BUMPER COVER (P-G)	1HM 807 217 D	GRU LKQ		114.00 *	2.00
2	REFIN PA	FRT BUMPER COVER				0.00 *	3.00
3	REPLACE BO R	FRT BUMPER SPOILER	1HM 805 904	B41 OEM		8.20 *	0.00
4	REFIN PA	*R FRT BUMPER SPOILER				0.00 *	0.40
5	REPLACE BO	FRT BUMPER CUSHION	1HM 807 248	OEM		63.30	0.00
6	REPLACE BO	GRILLE	1HM 853 653 A	GRU OEM		59.00 *	0.30
7	REPLACE BO	LWR GRILLE FILLER	1HM 853 661	GRU OEM		24.25 *	0.00
8	REFIN PA	*GRILLE ASSEMBLY				0.00 *	1.00
9	REPLACE BO R	H/LAMP ASSEMBLY	1HM 941 018	OEM		104.65 *	0.20
10	REPLACE BO R	PARK/SIGNAL LAMP LENS & HOUSING	1HM 953 156	OEM		30.15 *	0.00
11	REPLACE BO R	FENDER PANEL	1HM 821 022 B	OEM		78.30 *	2.00
12	REFIN PA	R FENDER PANEL				0.00 *	3.30
13	REPLACE BO R	FENDER PROTECT Moulding	1HM 853 518C B9A	OEM		6.60	0.20
14	REPLACE BO R	FENDER LINER	1HM 809 962	OEM		10.00 *	0.30
15	REPLACE BO	*WHEEL, R FRT	1HM 601 025 B	LKQ		45.00 *	0.00
16	ADD LAB SL	*MNT & BAL R FRT WHEEL 147415-76505				0.00 *	9.00D
17	REPLACE BO	*TIRE, 6'YEAR INVICTA GL P185/60R14 82H		OEM		55.00	0.00
18	REN/INS ME R	SUSPENSION ONE SIDE				0.00 *	0.00
19	REPLACE ME R	FRT SUSP STEERING KNUCKLE	357 407 256 C	OEM		346.00 *	0.00
20	REPLACE ME R	LWR FRT SUSP CONTROL ARM ASSY	1HM 407 151	OEM		76.25 *	0.00
21	REPLACE ME R	FRT SUSP STRUT ASSY	1HM 413 031 A	OEM		122.20 *	0.00
22	REPLACE ME R	INR DRIVE AXLE C V JOINT	321 498 103 C	OEM		131.45 *	0.00
23	ADD LAB SL	*INSTALL R SUSP (MAG 1474150-76505				0.00 *	184.00D
24	REPLACE ME	STEERING AIR BAG MODULE	1HM 880 199 B 01C	OEM		695.00 *	0.00
25	REPLACE ME	AIR BAG CONTROL UNIT	6N0 909 603 D	OEM		405.65 *	0.00
26	REPLACE ME	INST PANEL AIR BAG MODULE	1HM 880 204	OEM		695.00 *	0.00
27	ADD LAB SL	*INSTALL AIR BAG PARTS 147475-76505				0.00 *	52.00D

(NT)=NOTE (SL)=SUBLET (TO)=TOWING (BO)=BODY (PA)=PAINT (GL)=GLASS (FR)=FRAME (ME)=MECHAN (EL)=ELECTR (DT)=DETAIL (UB)=UNITBOD (OT)=OTHER  
(HM)=HAZARD (\*)Estimator's Judgement

CONTINUED ON PAGE 2

BEST AVAILABLE

PAGE 2 OF 3

CUSTOMER.....:

RO #:

LN	ACTION TYPE	DESCRIPTION	PART	PART TYPE	ADJ %	MAT/PART	LABOR
28	REPLACE	BO R FRT DOOR SHELL	1HM 831 052 R	OEM		290.35	4.30
29	REFIN	PA R FRT DOOR SHELL				0.00 *	3.80
30	REPLACE	BO R FRT DOOR MOULDING	1HM 853 516E 89A	OEM		50 *	0.30
31	REPAIR	BO *R FRAME RAIL AFTER PULL				0.00 *	4.00
32	REPAIR	FR *FRAME SET UP				0.00 *	2.00
33	REPAIR	FR *PULL *W/ SQUARE UNIBODY				0.00 *	6.00
34	ALIGN	SL *FRONT *ALIGNMENT 147430-76505				0.00 *	39.00D
35	ADD LAB	HM *HAZARDOUS WASTE DISPOSAL				3.00 *	0.00

(NT)=NOTE (SL)=SUBLET (TO)=TOWING (BO)=BODY (PA)=PAINT (GL)=GLASS (FR)=FRAME (ME)=MECHAN (EL)=ELECTR (DT)=DETAIL (UB)=UNIBOD (OT)=OTHER  
(HM)=HAZARD (\*)Estimator's Judgement

CONTINUED ON PAGE 3

CUSTOMER

BEST AVAILABLE

PAGE 1 OF 3

RO # :

LABOR						MATERIALS					
TYPE	HOURS	RATE	AMOUNT	ADD'L NL	TOTAL	TYPE	RATE	AMOUNT	ADD'L NL	TOTAL	
BODY :	13.66	30.00	408.00	0.00	408.00	PAINT :	11.50	30.00	345.00	0.00	345.00
PAINT :	11.50	30.00	345.00	0.00	345.00	FRAME :	8.00	35.00	280.00	0.00	280.00
FRAME :	8.00	35.00	280.00	0.00	280.00	HAZARD :	0.00	0.00	0.00	0.00	0.00
HAZARD :	0.00	0.00	0.00	0.00	0.00						

LABOR CHARGES..... 1033.00

LABOR ADJUSTMENTS.... 0.00

LABOR 1033.00

MATERIAL CHARGES..... 164.00

SUBLET/TOWING MATERIALS... 0.00

MATERIALS 164.00

SUBLET..... 0.00

SUBLET ADJUSTMENT..... 0.00

SUBLET 0.00

## PARTS:

ORIGINAL EQUIPMENT... 3219.85

LIKE/KIND/QUALITY ... 159.00

AFTERMARKET ..... 0.00

## TOWING:

TOWING ..... 0.00

TOWING ADJUSTMENT... 0.00

TOWING 0.00

## TOTALS

## SUB-TOTAL

LABOR ..... 1033.00

MATERIALS .... 164.00

PARTS ..... 3378.85

HAZ. WASTE .... 0.00

SUBLET ..... 284.00

TOWING ..... 0.00

NET TOTAL ..... 4859.85

SALES TAX ..... 279.44

GRAND TOTAL ..... 5139.29

CUSTOMER PAY ..... 500.00

INSURANCE CO. PAY... 4639.29

AMOUNT DUE: 5139.29

## INSURANCE INFORMATION

INS. CO. NAME....

AGENT.....

DEDUCTIBLE..... 500.00

ADDRESS.....

ADJUSTER.....

DATE OF LOSS.....

CITY, STATE, ZIP...

CLAIM NUMBER.....

POLICY NUMBER.....

PHONE.....

INS. EST TOTAL... 5139.29

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS, OR ARTICLES LEFT IN CARS.

I HEREBY AUTHORIZE REPAIR

BY THE ATTACHED ESTIMATE AS ITEMIZED. I UNDERSTAND THAT I MUST PAY FOR THESE REPAIRS (IN FULL) UPON COMPLETION OF THE WORK AND WILL PRESENT THE INSURANCE CO CHECK, (PLUS ANY DEDUCTIBLE CHARGE) IN FULL PAYMENT, IN ORDER TO OBTAIN RELEASE OF THE VEHICLE.

SIGNED: \_\_\_\_\_ : APPT: '96 TIME: \_\_\_\_\_

\*\*\*\*\*WRITTEN WARRANTY\*\*\*\*\*

THIS REPAIR IS GUARANTEED AGAINST DEFECT IN MATERIALS OR WORKMANSHIP FOR A PERIOD OF ONE YEAR, NOT INCLUDING RUST REPAIRS.

Calculations Of The Estimates Are Performed By A Computer Program Created By

SIGNED \_\_\_\_\_ PAID: CASH CHECK CHARGE AMOUNT: \$ \_\_\_\_\_

BEST AVAILABLE

DATE: 96

TIME: 14:21:16

PAGE 1 OF 3

## THE BODY SHOP

## SUPPLEMENT TO REPAIR ORDER

DR #:

RO #:

ESTIMATOR....:

CUSTOMER.....:

DATE CREATED.: 96

ADDRESS.....:

HOME PHONE:

CITY, ST, ZIP. [REDACTED]

BUS. PHONE:

VEHICLE.....:1995 VOLKSWAGEN GOLF CITY 4DR

LICENSE #.....:

MILEAGE IN.: 5535.0

MILEAGE OUT.: 0.0

PAINT CODE.:WHITE

PROD. DATE.: 95

TRIM CODE....:

V. I. N. #.....:3VWJB81H8S1

Copyright 1996

LN	ACTION TYPE	DESCRIPTION	PART #	PART TYPE	ADJ %	MAT/PART	LABOR
1	ADD LAB TO	*CAPITAL TOWING 14746750-5509				0.00	* 74.00D
2	REPLACE BO R FRT BUMPER TOW BRACKET COVER		1HM 941 778	OEM		9.75	* 0.00
3	REPLACE BO L FRT BUMPER TOW BRACKET COVER		1HM 941 777 B	OEM		15.28	* 0.00
4	CK/ADJ BO HEADLAMPS					0.00	0.40
5	REPLACE BO R FRT MARKER LAMP ASSEMBLY		1HM 945 072 B	OEM		22.00	* 0.00
6	REPLACE BO R FRT MARKER LAMP SOCKET		1HM 945 071 B	OEM		22.00	0.20
7	REPLACE BO R FRT MARKER LAMP BULB		N 017 753 2	OEM		1.70	* 0.00
8	REPLACE BO FRONT BODY FRONT CROSSMEMBER		1HM 805 551 B	OEM		223.25	0.40
9	REFIN PA FRONT BODY FRONT CROSSMEMBER					0.00	1.00
10	REPLACE BO WHEEL CENTER CAP		1HM 601 147 V7L	OEM		55.20	0.00
11	REPLACE BO WHEEL VALVE STEM		020 601 361	OEM		0.05	0.00
12	ADD LAB SL *MOUNT & BALANCE 1474XX					0.00	* 20.00D
13	REPLACE ME *SUSP WHEEL BEARING		020 625 B	OEM		0.45	* 0.00
14	REPLACE ME STEERING SWITCH RING		1H0 959 653	OEM		0.05	0.00
15	REPLACE BO R FRT SEAT BELT SHOULDER BELT		1HM 857 716 J B41	OEM		128.90	* 0.00
16	ADD LAB SL *REPL R FRT SEAT BELT 147430-76505					0.00	* 33.00D
17	REPLACE BO L FRT SEAT BELT SHOULDER BELT		1HM 857 705 J B41	OEM		131.05	* 0.00
18	ADD LAB SL *REPL L FRT SEAT BELT 147430-76505					0.00	* 33.00D
19	REPLACE BO INST PANEL MODULE FRAME BRKT		1HM 880 216	OEM		7.50	0.00
20	REPLACE BO R FRT DOOR MIRROR GLASS		1HM 857 522	OEM		20.65	0.30
21	REPLACE BO ELECTRICAL LOW NOTE HORN ASSY		1HM 951 219 D	OEM		27.85	0.30
22	REPLACE BO ELECTRICAL HORN BRACKET		191 951 227	OEM		2.70	0.00
23	REPLACE BO *R FRT DOOR SOUND DEADENER			OEM		10.00	* 0.20
24	REFIN PA *FLEX ADDITIVE					7.00	* 0.00
25	REFIN PA *GRAVEL GUARD TEXTURE					0.00	* 0.50
26	ADD LAB BO *RUSTPROOFING/UNDERCOATING					10.00	* 0.50
27	ADD LAB BO *WET SAND & POLISH					0.00	* 1.00

(NT)=NOTE (SL)=SUBLET (TO)=TOWING (BO)=BODY (PA)=PAINT (GL)=GLASS (FR)=FRAME (ME)=MECHAN (EL)=ELECTR (DT)=DETAIL (UB)=UNIBOD (OT)=OTHER  
(HM)=HAZARD (\*)Estimator's Judgement

CONTINUED ON PAGE 2

BEST AVAILABLE

CUSTOMER: [REDACTED]

PAGE 2 OF 3

RO #

LN	ACTION TYPE	DESCRIPTION	PART #	PART TYPE	ADJ %	MAT/PART	LABOR
28	ADD LAB	HM *TIRE DISPOSAL				3.00	0.00
29	REPLACE	BO *(PRICE CHANGE) *TIRE, 6' YEAR INVICTA GL		OEM		41.25	0.00
30	REPLACE	BO *(PRICE CHANGE) R H/LAMP ASSEMBLY	1HM 941 018	OEM		9.15	0.00
31	REPLACE	BO *(PRICE CHANGE) R FENDER PROTECT MOULDING	1HM 853 518C B9A	OEM		3.80	0.00
32	REPLACE	ME *(PRICE CHANGE) R FRT SUSP STEERING KNUCK	357 407 256 C	OEM		13.85	0.00
33	REPLACE	ME *(PRICE CHANGE) R FRT SUSP STRUT ASSY	1H0 413 031 A	OEM		4.90	0.00
34	REPLACE	ME *(PRICE CHANGE) STEERING AIR BAG MODULE	1HM 800 199 B 01C	OEM		27.00	0.00
35	REPLACE	ME *(PRICE CHANGE) INST PANEL AIR BAG MODULE	1HM 800 204	OEM		27.00	0.00
36	REPLACE	BO *(PRICE CHANGE) R FRT DOOR SHELL	1HM 831 052 R	OEM		33.70	0.00
37	REPLACE	BO *(PRICE CHANGE) R FRT DOOR MOULDING	1HM 853 516E B9A	OEM		0.75	0.00
38	REPLACE	ME *(CREDIT) R INR DRIVE AXLE C V JOINT				-131.45	0.00
39	REPLACE	ME R DRIVE AXLE SHAFT ASSEMBLY	1HM 407 274 B	OEM		638.00	* 0.30
40	REPLACE	BO *(PRICE CHANGE) WHEEL	1HM 601 025 B	LKQ		7.00	0.00
41	REPLACE	BO *(PRICE CHANGE) *FRT BUMPER COVER (P-6)	1HM 807 217 D GRU	LKQ		25.95	0.00
42	REPLACE	BO *AXLE NUT PLATES	211 501 357	OEM		5.55	0.00
43	REPLACE	BO *AXLE BOLTS	893 407 237	OEM		8.40	0.00
44	ADD LAB	SL *REPL DR SIDE AIR BAG 1474XX				0.00	* 30.50D
45	REPLACE	BO *R AIR BAG & COVER	1HM 898 261	OEM		66.90	0.00
46	ADD LAB	SL *R AIR BAG & COVER 147430-76505				0.00	* 33.00D
47	REPLACE	BO *R TIE ROD	1H0 422 804	OEM		108.85	0.00
48	ADD LAB	SL *R TIE ROD 147445-76505				0.00	* 49.50D
49	REPLACE	BO *R FRT BALL JOINT	357 407 365	OEM		54.25	0.00
50	REPAIR	FR *PULL R CENTER PILLAR				0.00	* 3.00
51	REPLACE	BO R FRT BUMPER OPENING COVER	1HM 853 666 01C	OEM		5.30	* 0.00
52	REPLACE	BO GRILLE EMBLEM	1HM 853 600 A TE1	OEM		18.50	0.20
53	REPLACE	BO R FRONT BODY BRACKET	1H0 803 332	OEM		21.65	1.50
54	REPAIR	BO R FRONT BODY APRON				0.00	* 10.00
55	REFIN	PA R APRON				0.00	1.00
56	REM/INS	BO *NECESSARY INTERIOR FOR ACCESS				0.00	* 2.00
57	REPLACE	ME ENG SUPT SUBFRAME	1H0 199 315 J	OEM		182.85	3.80
58	REPLACE	ME AIR CLEANER ASSEMBLY	1H0 199 315 J	OEM			0.50

(NT)=NOTE (SL)=SUBLET (TO)=TOWING (BO)=BODY (PA)=PAINT (GL)=GLASS (FR)=FRAME (ME)=MECHAN (EL)=ELECTR (DT)=DETACH (UNIBOD)=UNIBOD (OT)=OTHER  
(HM)=HAZARD (\*)Estimator's Judgement

CONTINUED ON PAGE 3

CUSTOMER.....:

PAGE 3 OF 3

RO #:

LABOR						MATERIALS					
TYPE	HOURS	RATE	AMOUNT	ADD'L	TOTAL	HOURS	RATE	AMOUNT	ADD'L	TOTAL	
BODY :	17.00	30.00	510.00	0.00	510.00	13.90	0.00	0.00	10.00	10.00	
PAINT :	2.50	30.00	75.00	0.00	75.00	2.50	14.00	35.00	7.00	42.00	
FRAME :	3.00	35.00	105.00	0.00	105.00	3.00	0.00	0.00	0.00	0.00	
MECHAN :	4.60	40.00	184.00	0.00	184.00	0.00	0.00	0.00	0.00	0.00	
HAZARD :	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00	
LABOR CHARGES.....:		874.00		MATERIAL CHARGES.....:		55.00		SUBLET.....:		199.00	
LABOR ADJUSTMENTS....:		0.00		SUBLET/TOWING MATERIALS....:		0.00		SUBLET ADJUSTMENT...:		0.00	
LABOR		874.00		MATERIALS		55.00		SUBLET		199.00	

## PARTS:

ORIGINAL EQUIPMENT...: 2156.68  
 LIKE/KIND/QUALITY...: 32.95  
 AFTERMARKET.....: 0.00

TOTAL PARTS 2189.63

## TOWING:

TOWING.....: 74.00  
 TOWING ADJUSTMENT...: 0.00

TOWING 74.00

## TOTALS

SUB-TOTAL  
 LABOR.....: 874.00  
 MATERIALS.....: 55.00  
 PARTS.....: 2189.63  
 HAZ. WASTE....: 0.00  
 SUBLET.....: 199.00  
 TOWING.....: 74.00

NET TOTAL.....: 3391.63  
 SALES TAX.....: 190.76

SUPPLEMENT TOTAL: 3582.39

## INSURANCE INFORMATION

INS. CO. NAME....:	AGENT.....:	DEDUCTIBLE.....:	500.00
ADDRESS.....:	ADJUSTER.....:	DATE OF LOSS.....:	
CITY, STATE, ZIP...:	CLAIM NUMBER.....:	POLICY NUMBER.....:	
PHONE.....:		INS. EST TOTAL....:	5139.29

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS, OR ARTICLES LEFT IN CARS.

I HEREBY AUTHORIZE REPAIR

BY THE ATTACHED ESTIMATE AS ITEMIZED. I UNDERSTAND THAT I MUST PAY FOR THESE REPAIRS (IN FULL) UPON COMPLETION OF THE WORK AND  
 WILL PRESENT THE INSURANCE CO CHECK, (PLUS ANY DEDUCTIBLE CHARGE) IN FULL PAYMENT, IN ORDER TO OBTAIN RELEASE OF THE VEHICLE.

SIGNED: \_\_\_\_\_: APPT: 96 TIME: \_\_\_\_\_

\*\*\*\*\*WRITTEN WARRANTY\*\*\*\*\*

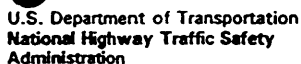
THIS REPAIR IS GUARANTEED AGAINST DEFECT IN MATERIALS OR WORKMANSHIP FOR A PERIOD OF ONE YEAR, NOT INCLUDING RUST REPAIRS.

Calculations Of The Estimates Are Performed By A Computer Program Created By

SIGNED \_\_\_\_\_ PAID: CASH CHECK CHARGE AMOUNT: \$ \_\_\_\_\_

**ACCIDENT COLLISION MEASUREMENT TABLE**





## ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number / 0

Case Number—Stratum 9605

### ACCIDENT COLLISION DIAGRAM

Document the physical plant:

- all road/roadway delineation (e.g., curbs/edge lines, line markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., signs/signals, etc.)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)

Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

## CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	273		
Surface Type	B, T		
Surface Condition	WET		
Coefficient of Friction	.65		
Grade (v/h) Measurement (between impact and final rest)	-1.2%		
Grade (v/h) Measurement (at location of rollover initiation)			
Grade (v/h) Measurement (at pre-crash location)	-1.2%		

Reference Point: Struck Pole

Reference line: NORTH EDGE OF  
STREET (Curb)

[illegible]

[illegible]

**NASS CDS ACCIDENT FORM**





## ACCIDENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9605

### IDENTIFICATION

3. Number of General Vehicle  
Forms Submitted 01

4. Date of Accident  
(Month,Day,Year)      19 6

5. Time of Accident 0245

Code reported military time of accident.

NOTE: Midnight = 2400  
Unknown = 9999

### SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6.      SS15 Administrative Use 0

7.      SS16 Pedestrian Crash Data Study 0  
(Data for this special study available  
in a separate file.)

8.      SS17 Impact Fires 0

9.      SS18 Unsafe Driver Actions 0

10.      SS19 Run Off Road 0

### NUMBER OF EVENTS

11. Number of Recorded Events  
in This Accident 01

Code the number of events which occurred  
in this accident.

### ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0</u> <u>1</u>	13. <u>01</u>	14. <u>01</u>	15. <u>F</u>	16. <u>51</u>	17. <u>00</u>	18. <u>0</u>
19. <u>0</u> <u>2</u>	20. <u>    </u>	21. <u>    </u>	22. <u>    </u>	23. <u>    </u>	24. <u>    </u>	25. <u>    </u>
26. <u>0</u> <u>3</u>	27. <u>    </u>	28. <u>    </u>	29. <u>    </u>	30. <u>    </u>	31. <u>    </u>	32. <u>    </u>
33. <u>0</u> <u>4</u>	34. <u>    </u>	35. <u>    </u>	36. <u>    </u>	37. <u>    </u>	38. <u>    </u>	39. <u>    </u>
40. <u>0</u> <u>5</u>	41. <u>    </u>	42. <u>    </u>	43. <u>    </u>	44. <u>    </u>	45. <u>    </u>	46. <u>    </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

# CODES FOR CLASS OF VEHICLE

97.3 → 247

- |  |   |
|--|---|
| (00) Not a motor vehicle                         | (31) Large pickup truck (≤ 4,536 kgs GVWR)              |
| (01) Subcompact/mini (wheelbase < 254 cm)        | (38) Other pickup truck (≤ 4,536 kgs GVWR)              |
| (02) Compact (wheelbase ≥ 254 but < 265 cm)      | (39) Unknown pickup truck type (≤ 4,536 kgs GVWR)       |
| (03) Intermediate (wheelbase ≥ 265 but < 278 cm) | (45) Other light truck (≤ 4,536 kgs GVWR)               |
| (04) Full size (wheelbase ≥ 278 but < 291 cm)    | (48) Unknown light truck type (≤ 4,536 kgs GVWR)        |
| (05) Largest (wheelbase ≥ 291 cm)                | (49) Unknown light vehicle type                         |
| (09) Unknown passenger car size                  | (50) School bus (excludes van based) (> 4,536 kgs GVWR) |
| (14) Compact utility vehicle                     | (58) Other bus (> 4,536 kgs GVWR)                       |
| (15) Large utility vehicle (≤ 4,536 kgs GVWR)    | (59) Unknown bus type                                   |
| (16) Utility station wagon (≤ 4,536 kgs GVWR)    | (60) Truck (> 4,536 kgs GVWR)                           |
| (19) Unknown utility type                        | (67) Tractor without trailer                            |
| (20) Minivan (≤ 4,536 kgs GVWR)                  | (68) Tractor-trailer(s)                                 |
| (21) Large van (≤ 4,536 kgs GVWR)                | (78) Unknown medium/heavy truck type                    |
| (24) Van Based school bus (≤ 4,536 kgs GVWR)     | (79) Unknown light/medium/heavy truck type              |
| (28) Other van type (≤ 4,536 kgs GVWR)           | (80) Motored cycle                                      |
| (29) Unknown van type (≤ 4,536 kgs GVWR)         | (90) Other vehicle                                      |
| (30) Compact pickup truck (≤ 4,536 kgs GVWR)     | (99) Unknown  |

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

- |   |                         |   |                         |
|---|-------------------------|---|-------------------------|
| CDS APPLICABLE<br>AND OTHER<br>VEHICLES | (O) Not a motor vehicle | (R) Right side  | (T) Top                 |
|   | (N) Noncollision        | (L) Left side   | (U) Undercarriage       |
|   | (F) Front               | (B) Back  | (9) Unknown             |
| TDC<br>APPLICABLE<br>VEHICLES           | (O) Not a motor vehicle | (L) Left side   | (C) Rear of cab         |
|   | (N) Noncollision        | (B) Back of unit with cargo area<br>(rear of trailer or straight truck) | (V) Front of cargo area |
|   | (F) Front               | (D) Back (rear of tractor)  | (T) Top                 |
|   | (R) Right side          |   | (U) Undercarriage       |
|   |                         |   | (9) Unknown             |

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- |   |  |
|---|--|
| (01-30) — Vehicle Number                                      | (57) Fence   |
| Noncollision  | (58) Wall  |
| (31) Overturn — rollover (excludes end-over-end)              | (59) Building  |
| (32) Rollover — end-over-end                                  | (60) Ditch or culvert  |
| (33) Fire or explosion  | (61) Ground  |
| (34) Jackknife  | (62) Fire hydrant  |
| (35) Other intraunit damage (specify):                        | (63) Curb  |
| (36) Noncollision injury                                      | (64) Bridge  |
| (38) Other noncollision (specify):                            | (68) Other fixed object (specify):   |
| (39) Noncollision — details unknown                           | (69) Unknown fixed object  |
| Collision With Fixed Object                                   | Collision with Nonfixed Object   |
| (41) Tree (≤ 10 cm in diameter)                               | (70) Passenger car, light truck, van, or other vehicle<br>not in-transport |
| (42) Tree (> 10 cm in diameter)                               | (71) Medium/heavy truck or bus not in-transport                            |
| (43) Shrubbery or bush  | (72) Pedestrian  |
| (44) Embankment   | (73) Cyclist or cycle  |
| (45) Breakaway pole or post (any diameter)                    | (74) Other nonmotorist or conveyance                                       |
| Nonbreakaway Pole or Post                                     | (75) Vehicle occupant  |
| (50) Pole or post (≤ 10 cm in diameter)                       | (76) Animal  |
| (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)           | (77) Train   |
| (52) Pole or post (> 30 cm in diameter)                       | (78) Trailer, disconnected in transport                                    |
| (53) Pole or post (diameter unknown)                          | (79) Object fell from vehicle in-transport                                 |
| (54) Concrete traffic barrier                                 | (88) Other nonfixed object (specify):                                      |
| (55) Impact attenuator  | (89) Unknown nonfixed object   |
| (56) Other traffic barrier (includes guardrail)<br>(specify): | (98) Other event (specify):  |
|   | (99) Unknown event or object   |

**NASS CDS VEHICLE FORMS: CASE VEHICLE**





## GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

### VEHICLE IDENTIFICATION

4. Vehicle Model Year

Code the last two digits of the model year  
(99) Unknown

5. Vehicle Make (specify):

VOLKSWAGON  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown

6. Vehicle Model (specify):

GOLF - city (III)  
Applicable codes are found in your  
NASS Data Collection, Coding and  
Editing Manual.  
(99) Unknown

7. Body Type

Note: Applicable codes may be found on  
the back of this page.

8. Vehicle Identification Number

3VW1B81H8SM  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17  
Left justify; Slash zeros and letter Z (0 and Z)  
No VIN—Code all zeros  
Unknown—Code all nines

9. Vehicle Special Use (This Trip)

- (0) No special use  
(1) Taxi  
(2) Vehicle used as school bus  
(3) Vehicle used as other bus  
(4) Military  
(5) Police  
(6) Ambulance  
(7) Fire truck or car  
(8) Other (specify):  
(9) Unknown

### OFFICIAL RECORDS

10. Police Reported Vehicle Disposition

- (0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

11. Police Reported Travel Speed

Code to the nearest kmph (NOTE: 000 means  
less than 0.5 kmph)  
(160) 159.5 kmph and above  
(999) Unknown

25 mph X 1.6093 = \_\_\_\_\_ kmph

12. Speed Limit

(000) No statutory limit  
Code posted or statutory speed limit in kmph  
(999) Unknown

\_\_\_\_\_ mph X 1.6093 = \_\_\_\_\_ kmph

13. Police Reported Alcohol Presence For Driver

- (0) No alcohol present  
(1) Yes alcohol present  
(7) Not reported  
(8) No driver present  
(9) Unknown

14. Alcohol Test Result For Driver

Code actual value (decimal implied  
before first digit—0.xx)  
(95) Test refused  
(96) None given — PAR  
(97) AC test performed, results unknown  
(98) No driver present  
(99) Unknown — AOB Medical  
Records

Source: \_\_\_\_\_

15. Police Reported Other Drug Presence For Driver

- (0) No other drug(s) present  
(1) Yes other drug(s) present  
(7) Not reported  
(8) No driver present  
(9) Unknown

16. Other Drug Specimen Test Result For Driver

- (0) No specimen test given  
(1) Drug(s) not found in specimen  
(2) Drug(s) found in specimen, (specify):  
(3) Specimen test given, results unknown or not  
obtained  
(8) No driver present  
(9) Unknown if specimen test given

17. Driver's Zip Code

(00001) Driver not a resident of U.S. or territories

Code actual 5-digit zip code  
(99998) No driver present  
(99999) Unknown

18. Driver's Race/Ethnic Origin

- (1) White (non-Hispanic)  
(2) Black (non-Hispanic)  
(3) White (Hispanic)  
(4) Black (Hispanic)  
(5) American Indian, Eskimo or Aleut  
(6) Asian or Pacific Islander  
(7) Other (specify):  
(8) No driver present  
(9) Unknown

# CODES FOR BODY TYPE

## CDS APPLICABLE VEHICLES

### Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify):

- (09) Unknown automobile type

### Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

### Utility Vehicles ( $\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

### Van Based Light Trucks ( $\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ( $\leq 4,536$  kgs GVWR)
- (23) Van based motorhome ( $\leq 4,536$  kgs GVWR)
- (24) Van based school bus ( $\leq 4,536$  kgs GVWR)
- (25) Van based other bus ( $\leq 4,536$  kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify):

- (29) Unknown van type

### Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

### Other Light Trucks ( $\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

## OTHER VEHICLES

### Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify):
- (59) Unknown bus type

### Medium/Heavy Trucks ( $> 4,536$ kgs GVWR)

- (60) Step van ( $> 4,536$  kgs GVWR)
- (61) Single unit straight truck ( $4,536$  kgs  $<$  GVWR  $\leq 8,845$  kgs)
- (62) Single unit straight truck ( $8,845$  kgs  $<$  GVWR  $\leq 11,793$  kgs)
- (63) Single unit straight truck ( $> 11,793$  kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

### Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify):
- (89) Unknown motored cycle type

### Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type



**PRECRASH ENVIRONMENTAL DATA**

<p>19. Relation To Interchange Or Junction <u>0</u></p> <p>(0) Non-interchange area and non-junction</p> <p>(1) Interchange area related</p> <p><i>Non-Interchange junctions</i></p> <p>(2) Intersection related</p> <p>(3) Driveway, alley access related</p> <p>(4) Other junction (specify) _____</p> <p>(5) Unknown type of junction</p> <p>(9) Unknown</p>	<p>25. Roadway Surface Condition <u>2</u></p> <p>(1) Dry</p> <p>(2) Wet</p> <p>(3) Snow or slush</p> <p>(4) Ice</p> <p>(5) Sand, dirt, or oil</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>
<p>20. Trafficway Flow <u>0</u></p> <p>(0) Not physically divided (two way traffic)</p> <p>(1) Divided trafficway-median strip without positive barrier</p> <p>(2) Divided trafficway-median strip with positive barrier</p> <p>(3) One way traffic</p> <p>(9) Unknown</p>	<p>26. Light Conditions <u>3</u></p> <p>(1) Daylight</p> <p>(2) Dark</p> <p>(3) Dark, but lighted</p> <p>(4) Dawn</p> <p>(5) Dusk</p> <p>(9) Unknown</p>
<p>21. Number Of Travel Lanes <u>2</u></p> <p>(1) One</p> <p>(2) Two</p> <p>(3) Three</p> <p>(4) Four</p> <p>(5) Five</p> <p>(6) Six</p> <p>(7) Seven or more</p> <p>(9) Unknown</p>	<p>27. Atmospheric Conditions <u>1</u></p> <p>(0) No adverse atmospheric-related driving conditions</p> <p>(1) Rain</p> <p>(2) Sleet/hail</p> <p>(3) Snow</p> <p>(4) Fog</p> <p>(5) Rain and fog</p> <p>(6) Sleet and fog</p> <p>(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____</p> <p>(9) Unknown</p>
<p>22. Roadway Alignment <u>1</u></p> <p>(1) Straight</p> <p>(2) Curve right</p> <p>(3) Curve left</p> <p>(9) Unknown</p>	<p>28. Traffic Control Device <u>5</u></p> <p>(0) No traffic control(s)</p> <p>(1) Traffic control signal (not RR crossing)</p> <p><i>Regulatory</i></p> <p>(2) Stop sign</p> <p>(3) Yield sign</p> <p>(4) School zone sign</p> <p>(5) Other regulatory sign (specify): <u>SPEED Limit</u></p>
<p>23. Roadway Profile <u>-1.2%</u> <u>1</u></p> <p>(1) Level</p> <p>(2) Uphill grade (&gt;2%)</p> <p>(3) Hill crest</p> <p>(4) Downhill grade (&gt;2%)</p> <p>(5) Sag</p> <p>(9) Unknown</p>	<p>(6) Warning sign (not RR crossing)</p> <p>(7) Unknown sign</p> <p>(8) Miscellaneous/other controls including RR controls (specify): _____</p> <p>(9) Unknown</p>
<p>24. Roadway Surface Type <u>2</u></p> <p>(1) Concrete</p> <p>(2) Bituminous (asphalt)</p> <p>(3) Brick or block</p> <p>(4) Slag, gravel, or stone</p> <p>(5) Dirt</p> <p>(8) Other (specify): _____</p> <p>(9) Unknown</p>	<p>29. Traffic Control Device Functioning <u>2</u></p> <p>(0) No traffic control device</p> <p>(1) Traffic control device not functioning (specify): _____</p> <p>(2) Traffic control device functioning properly</p> <p>(9) Unknown</p>

**PRECRASH DRIVER RELATED DATA**

30. Driver's Distraction/Inattention To Driving 08  
(Prior To Recognition Of Critical Event)
- (00) No driver present  
(01) Attentive or not distracted  
(02) Looked but did not see
- Distractions*  
(03) By other occupant(s), (specify): \_\_\_\_\_  
(04) By moving object in vehicle (specify): \_\_\_\_\_  
(05) While talking or listening to cellular phone (specify location and type of phone): \_\_\_\_\_  
(06) While dialing cellular phone (specify location and type of phone): \_\_\_\_\_  
(07) While adjusting climate controls  
(08) While adjusting radio, cassette, CD (specify): \_\_\_\_\_  
(09) While using other device/controls integral to vehicle (specify): \_\_\_\_\_  
(10) While using or reaching for device/object brought into vehicle (specify): \_\_\_\_\_  
(11) Sleepy or fell asleep  
(12) Distracted by outside person, object, or event (specify): \_\_\_\_\_  
(13) Eating or drinking  
(14) Smoking related  
(97) Distracted/inattentive, details unknown  
(98) Other, distraction (specify): \_\_\_\_\_  
(99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 01
- (00) No driver present  
(01) Going straight  
(02) Decelerating in traffic lane  
(03) Accelerating in traffic lane  
(04) Starting in traffic lane  
(05) Stopped in traffic lane  
(06) Passing or overtaking another vehicle  
(07) Disabled or parked in travel lane  
(08) Leaving a parking position  
(09) Entering a parking position  
(10) Turning right  
(11) Turning left  
(12) Making a U-turn  
(13) Backing up (other than for parking position)  
(14) Negotiating a curve  
(15) Changing lanes  
(16) Merging  
(17) Successful avoidance maneuver to a previous critical event  
(97) Other (specify): \_\_\_\_\_  
(99) Unknown

32. Critical Precrash Event 13
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire  
(02) Stalled engine  
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): \_\_\_\_\_  
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): \_\_\_\_\_  
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): \_\_\_\_\_  
(06) Traveling too fast for conditions  
(08) Other cause of control loss (specify): \_\_\_\_\_  
(09) Unknown cause of control loss

**THIS VEHICLE TRAVELLING**

- (10) Over the lane line on left side of travel lane  
(11) Over the lane line on right side of travel lane  
(12) Off the edge of the road on the left side  
(13) Off the edge of the road on the right side  
(14) End departure  
(15) Turning left at intersection  
(16) Turning right at intersection  
(17) Crossing over (passing through) intersection  
(18) This vehicle decelerating  
(19) Unknown travel direction

**OTHER MOTOR VEHICLE IN LANE**

- (50) Other vehicle stopped  
(51) Traveling in same direction with lower steady speed  
(52) Traveling in same direction while decelerating  
(53) Traveling in same direction with higher speed  
(54) Traveling in opposite direction  
(55) In crossover  
(56) Backing  
(59) Unknown travel direction of other motor vehicle in lane

**OTHER MOTOR VEHICLE ENCROACHING INTO LANE**

- (60) From adjacent lane (same direction)—over left lane line  
(61) From adjacent lane (same direction)—over right lane line  
(62) From opposite direction—over left lane line  
(63) From opposite direction—over right lane line  
(64) From parking lane  
(65) From crossing street, turning into same direction  
(66) From crossing street, across path  
(67) From crossing street, turning into opposite direction  
(68) From crossing street, intended path not known  
(70) From driveway, turning into same direction  
(71) From driveway, across path  
(72) From driveway, turning into opposite direction  
(73) From driveway, intended path not known  
(74) From entrance to limited access highway  
(78) Encroachment by other vehicle—details unknown

**PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST**

- (80) Pedestrian in roadway  
(81) Pedestrian approaching roadway  
(82) Pedestrian—unknown location  
(83) Pedalcyclist or other nonmotorist in roadway (specify): \_\_\_\_\_  
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): \_\_\_\_\_  
(85) Pedalcyclist or other nonmotorist—unknown location (specify): \_\_\_\_\_

**OBJECT OR ANIMAL**

- (87) Animal in roadway  
(88) Animal approaching roadway  
(89) Animal—unknown location  
(90) Object in roadway  
(91) Object approaching roadway  
(92) Object—unknown location  
(98) Other critical precrash event (specify): \_\_\_\_\_  
(99) Unknown



33. Attempted Avoidance Maneuver 06

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify): \_\_\_\_\_

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): \_\_\_\_\_

(9) Precrash stability unknown

35. Pre-Impact Location 5

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type 01

(Note: Applicable codes on back of this page)

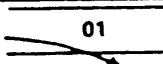
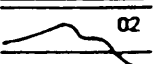

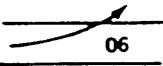
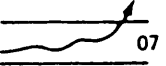
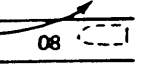
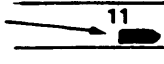
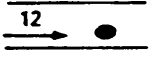
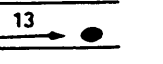
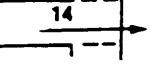
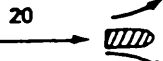
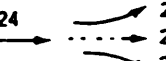
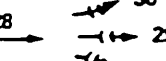
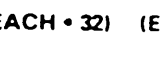
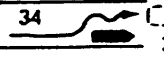

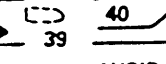


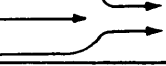
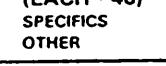
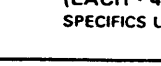

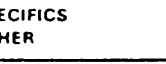




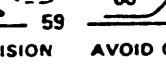









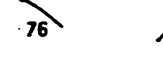

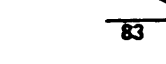

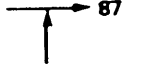



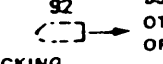

(00) No impact

Code the number of the diagram that best describes the accident circumstance

(98) Other accident type (specify): \_\_\_\_\_

(99) Unknown

**STOP HERE IF GV07 DOES NOT EQUAL 01 - 49**

Category	Configuration	ACCIDENT TYPES (Includes Intent)					
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN	
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN	
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER	16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 25, 26, 27	 24 DECEL. 29, 30, 31	 26 AVOID COLLISION WITH VEH.	(EACH • 32) SPECIFICS OTHER	(EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH • 42) SPECIFICS OTHER	(EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 46 LATERAL MOVE	 48 LATERAL MOVE	 50 LATERAL MOVE	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 52 LATERAL MOVE	 54 LATERAL MOVE	 56 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH • 62) SPECIFICS OTHER	(EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 66 LATERAL MOVE	 68 LATERAL MOVE	 70 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 72 INITIAL OPPOSITE DIRECTIONS	 74 INITIAL SAME DIRECTIONS	(EACH • 74) SPECIFICS OTHER	(EACH • 75) SPECIFICS UNKNOWN
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO OPPOSITE DIRECTIONS	 80 TURN INTO OPPOSITE DIRECTIONS	 82 TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) SPECIFICS OTHER	(EACH • 85) SPECIFICS UNKNOWN
V Intersect- ing Paths (Vehicle Damage)	L Straight Paths	 86 STRAIGHT PATHS	 88 STRAIGHT PATHS	 90 STRAIGHT PATHS	 92 STRAIGHT PATHS	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
VI Miscel- laneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact			



**OCCUPANT RELATED**

37. Driver Presence in Vehicle 1  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown
38. Number of Occupants This Vehicle 01  
 (00-96) Code actual number of occupants for this vehicle  
 (97) 97 or more  
 (99) Unknown
39. Number of Occupant Forms Submitted 01

**AIR BAG RELATED**

40. Is this an AOPS Vehicle? 1  
 (0) No (includes unknown)  
 (1) Yes - researcher determined  
 (2) VIN determined air bag system  
 (3) VIN determined automatic (passive) belts  
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6  
 (0) Not equipped or not available  
 (1) No air bags deployed  
*Single Air Bag Vehicle*  
 (2) Driver air bag deployed  
 (3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
 (4) Driver side only deployed  
 (5) Passenger side only deployed  
 (6) Driver and passenger side deployed  
 (7) Driver and passenger side unknown if deployed  
 (8) Air bag(s) deployed, details unknown  
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
 (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

**VEHICLE WEIGHT ITEMS**

43. Vehicle Curb Weight 1190  
 Code weight to nearest 10 kilograms.  
 (045) Less than 454 kilograms  
 (612) 6,124 kilograms or more  
 (999) Unknown  
2615 lbs X .4536 = 1186 kgs  
 Source: \_\_\_\_\_

44. Vehicle Cargo Weight 000  
 Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (454) 4,536 kilograms or more  
 (999) Unknown  
 \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

Source: Interviewee**ROLLOVER DATA**

45. Rollover 00  
 (00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
 (01-16) Code the number of quarter turns  
 (17) Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00  
 (00) No rollover  
 (01) Trip-over  
 (02) Flip-over  
 (03) Turn-over  
 (04) Climb-over  
 (05) Fall-over  
 (06) Bounce-over  
 (07) Collision with another vehicle  
 (08) Other rollover initiation type specify): \_\_\_\_\_  
 (98) Rollover--end-over-end  
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0  
 (0) No rollover  
 (1) On roadway  
 (2) On shoulder--paved  
 (3) On shoulder--unpaved  
 (4) On roadside or divided trafficway median  
 (8) Rollover--end-over-end  
 (9) Unknown
48. Rollover Initiation Object Contacted 00  
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0  
 (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify): \_\_\_\_\_  
 (6) Non-contact rollover forces (specify): \_\_\_\_\_  
 (8) Rollover--end-over-end  
 (9) Unknown

50. Direction of Initial Roll 0  
 (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (8) Rollover--end-over-end  
 (9) Unknown roll direction

**VERRIDE/UNDERRIDE (THIS VEHICLE)**

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*  
*[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*  
 (1) 1st CDC  
 (2) 2nd CDC  
 (3) Other not automated CDC (specify):  
 \_\_\_\_\_
- Underride (see specific CDC)*  
*[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]*  
 (4) 1st CDC  
 (5) 2nd CDC  
 (6) Other not automated CDC (specify):  
 \_\_\_\_\_
- (7) Medium/heavy truck or bus override (of any configuration)  
 (9) Unknown

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

Values: (000)-(359) Code actual value  
 (996) Non-horizontal impact  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown

53. Heading Angle For This Vehicle 998
54. Heading Angle For Other Vehicle 998

**RECONSTRUCTION DATA**

55. Towed Trailing Unit 0
- (0) No towed unit  
 (1) Yes—towed trailing unit  
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No  
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 1
- (0) Not collision (for highest delta V) with tree or pole  
 (1) Not damaged  
 (2) Cracked/sheared  
 (3) Tilted < 45 degrees  
 (4) Tilted ≥ 45 degrees  
 (5) Uprooted tree  
 (6) Separated pole from base  
 (7) Pole replaced  
 (8) Other (specify):  
 \_\_\_\_\_
- (9) Unknown

**ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V**

58. Basis for Total (Resultant) Delta V (highest) 07
- (00) No vehicle inspection
- Delta V Calculated*  
 (01) Reconstruction program-damage only routine  
 (02) Reconstruction program-damage and trajectory routine  
 (03) Missing vehicle algorithm
- Delta V Not Calculated*  
 (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

*All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.*

- (05) Rollover  
 (06) Other non-horizontal forces  
 (07) Sideswipe type damage with snagging  
 (08) Severe override into RF wheel  
 (09) Yielding object  
 (10) Overlapping damage  
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):  
 \_\_\_\_\_  
 \_\_\_\_\_

(98) Other, (specify): \_\_\_\_\_  
 \_\_\_\_\_



**COMPUTER GENERATED CRASH SEVERITY**

59. Total Delta V Highest  
999

\_\_\_\_\_ Nearest kmph (highest)

\_\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)  
 (160) 159.5 kmph and above  
 (999) Unknown

60. Longitudinal Component of Delta V Highest  
 + 999  
 -

\_\_\_\_\_ Nearest kmph (highest)

\_\_\_\_\_ Nearest kmph (secondary)

(NOTE: \_000 means greater than -0.5 kmph and less than +0.5 kmph)  
 (±160) ±159.5 kmph and above  
 (\_999) Unknown

61. Lateral Component of Delta V Highest  
 + 999  
 -

\_\_\_\_\_ Nearest kmph (highest)

\_\_\_\_\_ Nearest kmph (secondary)

(NOTE: \_000 means greater than -0.5 kmph and less than +0.5 kmph)  
 (±160) ±159.5 kmph and above  
 (\_999) Unknown

62. Energy Absorption Highest  
999.900

\_\_\_\_\_ Nearest 100 joules (highest)

\_\_\_\_\_ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)  
 (9997) 999,650 joules or more  
 (9999) Unknown

63. Impact Speed Highest  
999

\_\_\_\_\_ Nearest kmph (highest)

\_\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)  
 (160) 159.5 kmph and above  
 (998) Trajectory algorithm not run  
 (999) Unknown

**DELTA V CONFIDENCE LEVEL**

64. Confidence In Reconstruction Program Results (For Highest Delta V) 0

(0) No reconstruction

(1) Collision fits model — results appear reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear reasonable

**OTHER SPEED ESTIMATE**

65. Barrier Equivalent Speed Highest  
999

\_\_\_\_\_ Nearest kmph (highest)

\_\_\_\_\_ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)  
 (160) 159.5 kmph and above  
 (999) Unknown

ESTIMATED DELTA V	INSPECTION TYPE
66. Estimated Highest Delta V (Researcher Determined) <u>2</u> (0) Reconstruction Delta V coded  <i>Estimated Delta V</i> (1) Less than 10 kmph (2) ≥ 10 kmph but < 25 kmph (3) ≥ 25 kmph but < 40 kmph (4) ≥ 40 kmph but < 55 kmph (5) ≥ 55 kmph  <i>Other estimates of damage severity</i> (6) Minor (7) Moderate (8) Severe  (9) Unknown	67. Type of Vehicle Inspection <u>2</u> (0) No inspection (1) Vehicle fully repaired-no damage evident (2) Partial inspection (specify): <u>PARTIALLY REPAIRED.</u> (3) Complete inspection  <b>DELTA V EVENT NUMBER</b>  68. Delta V Event Number <u>1</u> Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle (99) Unknown

\*\*\* IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), \*\*\*

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

\*\*\* IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE \*\*\*

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,  
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

## EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9606</u>		

## VEHICLE IDENTIFICATION

VIN 3 V W J B 8 1 H 8 S M \_\_\_\_\_ Model Year 9 5  
Vehicle Make (specify): VOLKSWAGON Vehicle Model (specify): Golf city  
(III)

## LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	Right front bumper corner	bumper	
01a	(L) SIDE 64 behind OF AXLE forward. 72cm	(R) Side	

### CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]



## ORIGINAL SPECIFICATIONS WORK SHEET

BEST AVAILABLE

Wheelbase 97.3 inches x 2.54 = 247.1 cm  
 Overall Length 160.4 inches x 2.54 = 407.4 cm  
 Maximum Width 66.7 inches x 2.54 = 169.4 cm  
 Curb Weight <sup>Auto</sup> 2615 pounds x 0.4536 = 1186.2 kg  
                   <sup>News</sup>  
 Average Track <sup>57.6</sup> 57.25 inches x 2.54 = 145.4 cm  
                   <sup>56.9</sup>  
 Front Overhang 33.5 inches x 2.54 = 85 cm  
 Rear Overhang 29.5 inches x 2.54 = 75 cm  
 Undeformed End Width \_\_\_\_\_ inches x 2.54 = \_\_\_\_\_ cm  
 Engine Size: cyl/disl. \_\_\_\_\_ cc x 0.001 = \_\_\_\_\_ L  
 I4 2.0L 121 CID x 0.0164 = 2.0 L

Branham's Shipping Weight 2548

## SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} City Color: {specify} white Repair Cost: \$

Transmission: {circle} Automatic | Manual Speed: 3-speed | 4-speed | 5-speed Other:

Steering: {circle} Power-assisted | Manual Type: rack-and-pinion | worm-and-gear | Other  
{please describe}:

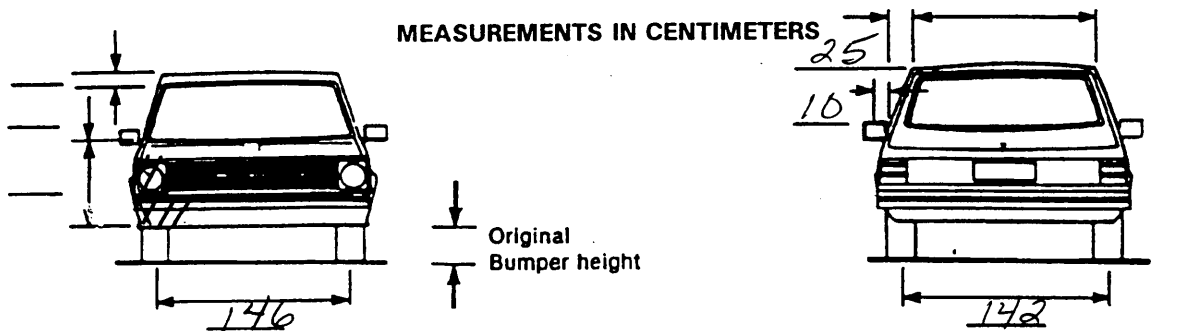
Brakes: {circle} Power-assisted | Manual Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic  
front disc, rear drum Other:

Observed Defects: {specify}

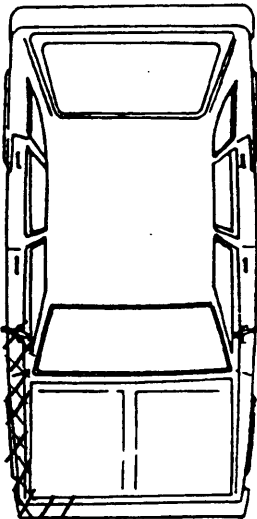
Fleet Type: {circle} Private vehicle Rental vehicle | Leased vehicle | Commercial vehicle | Other  
{please describe}:

## VEHICLE DAMAGE SKETCH

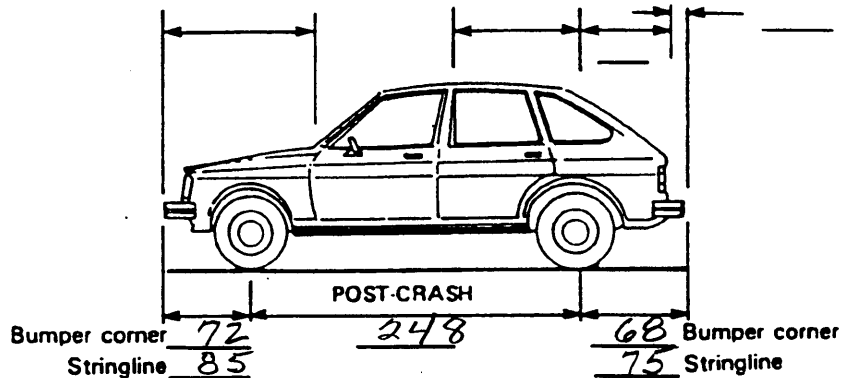
<b>TIRE—WHEEL DAMAGE</b> a. Rotation physically restricted RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		<b>ORIGINAL SPECIFICATIONS</b> Wheelbase <u>247</u> cm Overall Length <u>407</u> cm Maximum Width <u>169</u> cm Curb Weight <u>1186</u> kg Average Track <u>145</u> cm Front Overhang <u>85</u> cm Rear Overhang <u>75</u> cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>I4 2.0</u> L		<b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees	
<b>TYPE OF TRANSMISSION</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>DRIVE WHEELS</b> <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg			



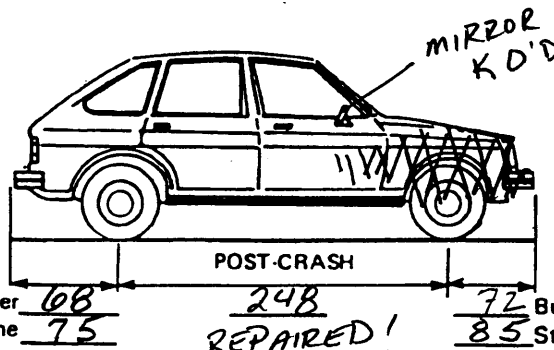
SIDESWIPE  
Type DAM  
with Snagging



EW  
RE  
Dispersion



Hood  
not  
Damaged



Ⓡ Front Axle  
CRACKED in 2  
pieces per  
Body shop

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

## BRANHAM AUTOMOBILE REFERENCE BOOK-FOREIGN CAR SECTION

## VOLKSWAGEN

Type of Body Pass. Cap.	Model	Wheel Base	Dimensions Inches Lt x Wt. x Ht.	Ship. Wt. lb.	Tax H.P.	West Coast P.O.E.	East Coast P.O.E.
<b>1995 Cabrio FWD 4L cyl 2.0 liter SOHC SMPFI Gas Engine</b>							
Bore & Stroke 3.25x3.65; Tax H.P. 16.9; SAE H.P. 115@5400; Torque 122@3200; 121 cu.in., 2.0 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 24/31							
4-PS 2-dr Convertible	1E75Q4	97.4"	160.4" x 66.7" x 56.0"	2778	16.9	19,975	19,975
Auto. Trans. 4-speed; EPA Mileage Estimate 22/28							
4-PS 2-dr Hatchback GL	1E75Q3	97.4"	160.4" x 66.7" x 56.0"	2844	16.9	20,850	20,850
Options Cabrio: Destination Charges-\$390; Auto. Trans. 4-speed-\$875; Clearcoat Metallic Paint-\$175; Air Conditioning(9AB)-\$850; Alloy Wheels(PJ1)-\$585; 6-Disc CD Changer(CDC)-\$495; Leather Seat Upholstery-\$1275							
<b>1995 Golf III FWD 4L cyl 2.0 liter SOHC SMPFI Gas Engine</b>							
Bore & Stroke 3.25x3.65; Tax H.P. 16.9; SAE H.P. 115@5400; Torque 122@3200; 121cu.in., 2.0 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 24/32							
5-PS 4-dr Hatchback	1H19Q4	97.3"	160.4" x 66.7" x 56.2"	2548	16.9	12,500	12,500
5-PS 4-dr Hatchback GL	1H14Q4	97.3"	160.4" x 66.7" x 56.2"	2615	16.9	14,200	14,200
5-PS 2-dr Hatchback Sport	1H04Q4	97.3"	160.4" x 66.7" x 56.2"	2549	16.9	15,250	15,250
Auto. Trans. 4-speed; EPA Mileage Estimate 23/29							
5-PS 4-dr Hatchback	1H14Q3	97.3"	160.4" x 66.7" x 56.2"	2548	16.9	13,375	13,375
5-PS 4-dr Hatchback GL	1H19Q3	97.3"	160.4" x 66.7" x 56.2"	2697	16.9	15,075	15,075
5-PS 2-dr Hatchback Sport	1H04Q3	97.3"	160.4" x 66.7" x 56.2"	2631	16.9	16,125	16,125
<b>1995 GTI Golf III FWD V6 cyl 2.8 liter DOHC SMPFI Gas Engine(VR6)</b>							
Bore & Stroke 3.19x3.56; Tax H.P. 24.42; SAE H.P. 172@5800; Torque 177@4200; D.P. 170cu.in., 2.8 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 18/25							
5-PS 2-dr Hatchback GTI	1H16T4	97.3"	160.4" x 66.7" x 56.0"	2818	24.42	18,875	18,875
Auto. Trans. 4-speed; EPA Mileage Estimate 18/25							
5-PS 2-dr Hatchback GTI	1H16T3	97.3"	160.4" x 66.7" x 56.0"	2818	24.42	19,750	19,750
Options Golf III: Destination Charges-\$390; Auto. Trans. 4-speed-\$875; Clearcoat Metallic Paint-\$175; Power Glass Sunroof(3FE)-\$585; Anti-Lock Braking System(1AC)-\$775 GTI-std; 6-Disc CD Changer(CDC)-\$495							
<b>1995 Jetta III FWD 4L cyl 2.0 liter SOHC SMPFI Gas Engine</b>							
Bore & Stroke 3.25"x3.65"; Tax H.P. 16.9; SAE H.P. 115@5400; Torque 122@3200; 121cu.in., 2.0 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 24/31							
5-PS 4-dr Sedan	1H29Q4	97.3"	173.4" x 66.7" x 56.1"	2647	16.9	13,475	13,475
5-PS 4-dr Sedan GL	1H24Q4	97.3"	173.4" x 66.7" x 56.1"	2714	16.9	15,675	15,675
5-PS 4-dr Sedan GLS	1H28Q4	97.3"	173.4" x 66.7" x 56.1"	2714	16.9	17,025	17,025
Auto. Trans. 4-speed; EPA Mileage Estimate 23/29							
5-PS 4-dr Sedan	1H29Q3	97.3"	173.4" x 66.7" x 56.1"	2735	16.9	14,350	14,350
5-PS 4-dr Sedan GL	1H24Q3	97.3"	173.4" x 66.7" x 56.1"	2796	16.9	16,550	16,550
5-PS 4-dr Sedan GLS	1H28Q3	97.3"	173.4" x 66.7" x 56.1"	2796	16.9	17,900	17,900
<b>1995 Jetta III FWD V6 cyl 2.8 liter DOHC SMPFI Gas Engine(VR6)</b>							
Bore & Stroke 3.19"x3.56"; Tax H.P. 24.42; SAE H.P. 172@5800; Torque 173@4200; 170 cu.in., 2.8 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 18/25							
5-PS 4-dr Sedan GLX	1H27T4	97.3"	173.4" x 66.7" x 56.2"	2915	24.42	19,975	19,975
Auto. Trans. 4-speed; EPA Mileage Estimate 18/25							
5-PS 4-dr Sedan GLX	1H27T3	97.3"	173.4" x 66.7" x 56.2"	2980	24.42	20,850	20,850
Options Jetta III: Destination Charges-\$390; Auto. Trans. -\$875; Leather Seat Upholstery GLX-\$800; Clear Metallic Paint-\$175; Power Glass Sunroof(3FE)-\$585 GXT-std; Anti-Lock Braking System(1AC)-\$775; 6-Disc CD Changer(CDC)-\$495							
<b>1995 Volkswagen Passat FWD V6 cyl 2.8 liter DOHC SMPFI Gas Engine(VR6)</b>							
Bore & Stroke 3.19x3.56; Tax H.P. 24.42; SAE H.P. 172@5800; Torque 177@4200; D.P. 170cu.in., 2.8 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 18/25							
5-PS 4-dr Sedan GLX	3A26Q5	103.3"	181.5" x 67.5" x 56.4"	3140	24.42	20,890	20,890
5-PS 4-dr Wagon GLX	3A56Q5	103.3"	181.5" x 67.5" x 58.7"	3201	24.42	21,320	21,320
Auto. Trans. 4-speed; EPA Mileage Estimate 18/25							
5-PS 4-dr Sedan GLX	3A26Q9	103.3"	181.5" x 67.5" x 56.4"	3197	24.42	21,690	21,690
5-PS 4-dr Wagon GLX	3A56Q9	103.3"	181.0" x 67.5" x 58.7"	3267	24.42	22,120	22,120
Options Passat: Destination Charges-\$390; Auto. Trans. -\$800; Leather Seat Upholstery-\$850; All Weather Pkg(PW1)-\$300; Power Moonroof(3FE)-\$850; 6-disc CD Changer(CDC)-\$495							
<b>1995 EuroVan Camper FWD 5 cyl 2.5 liter OHC MPFI Gas Engine</b>							
Bore & Stroke 3.19x3.76; Tax H.P. 20.35; SAE H.P. 109@4500; Torque 140@2200; D.P. 150cu.in., 2.5 liter							
Man. Trans. 5-speed; EPA Mileage Estimate 18/18							
4-PS 3-dr Van		130.7"	202.3" x 72.4" x 80.0"	4745	20.35	29,800	29,800
Auto. Trans. 4-speed; EPA Mileage Estimate 18/18							
4-PS 3-dr Van		130.7"	202.3" x 72.4" x 80.0"	4745	20.35	30,695	30,695
Options EuroVan Camper: Destination Charges-\$490; AutoTrans. 4-speed-\$895; Anti-Lock Brakes-\$975; 12,000 BTU Furnace-\$459; Removable Center Bench-\$483							



## CODES FOR OBJECT CONTACTED

**(specify):**

[illegible]

**COLLISION DEFORMATION CLASSIFICATION**

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>51</u>	6. <u>12</u>	7. <u>F</u>	8. <u>R</u>	9. <u>E</u>	10. <u>E</u>	11. <u>07</u>

## Second Highest Delta "V"

12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_ 17. \_\_\_\_\_ 18. \_\_\_\_\_ 19. \_\_\_\_\_

**CRUSH PROFILE IN CENTIMETERS**

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. L 21. C<sub>1</sub> C<sub>2</sub> C<sub>3</sub> C<sub>4</sub> C<sub>5</sub> C<sub>6</sub> 22. ±D

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

## Second Highest Delta "V"

23. L 24. C<sub>1</sub> C<sub>2</sub> C<sub>3</sub> C<sub>4</sub> C<sub>5</sub> C<sub>6</sub> 25. ±D

\_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

## 26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.) 999

\_\_\_\_\_ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

## 27. Direct Damage Width

(For highest severity impact) 005

\_\_\_\_\_ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

## 28. Original Wheelbase

\_\_\_\_\_ Code to the nearest centimeter 247

(650) 650 centimeters or more

(999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

## 29. Original Average Track Width

\_\_\_\_\_ Code to the nearest centimeter 145

(185) 185 centimeters or more

(999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

		FUEL SYSTEM	
30. Are CDCs Documented but Not Coded on The Automated File?	<u>0</u>	35. Location of Fuel Tank-1 Filler Cap	<u>3</u>
(0) No		36. Location of Fuel Tank-2 Filler Cap	<u>0</u>
(1) Yes		(0) No fuel tank	
		(1) On back plane	
		(2) Aft of center of the rear wheels (rear axle) on left side plane	
		(3) Aft of center of the rear wheels (rear axle) on right side plane	
		(4) Forward of center of the rear wheels (rear axle) on left side plane	
		(5) Forward of center of the rear wheels (rear axle) on right side plane	
		(6) Over the center of the rear wheels (rear axle) on left side plane	
		(7) Over the center of the rear wheels (rear axle) on right side plane	
		(8) Other (specify): _____	
		(9) Unknown	
31. Researcher's Assessment of Vehicle Disposition	<u>1</u>	37. Type of Fuel Tank-1	<u>2</u>
(0) Not towed due to vehicle damage		38. Type of Fuel Tank-2	<u>0</u>
(1) Towed due to vehicle damage		(0) No fuel tank (electrical vehicle)	
(9) Unknown		(1) Metallic	
		(2) Non-metallic	
		(9) Unknown	
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle?	<u>0</u>	39. Location of Fuel Tank-1	<u>3</u>
(0) No post manufacturer modifications		40. Location of Fuel Tank-2	<u>0</u>
(1) Yes - post manufacturer modifications (specify): _____		(0) No fuel tank	
_____		(1) Aft of center of the rear wheels (rear axle) centered	
(Include photograph of CERTIFICATION PLACARD in case report)		(2) Aft of center of the rear wheels (rear axle) left side	
(9) Unknown if vehicle is modified		(3) Aft of center of the rear wheels (rear axle) right side	
		(4) Forward of center of the rear wheels (rear axle) centered	
		(5) Forward of center of the rear wheels (rear axle) left side	
		(6) Forward of center of the rear wheels (rear axle) right side	
		(7) Over center of the rear wheels (rear axle)	
		(8) Other (specify): _____	
		(9) Unknown	
<b>FIRE OCCURRENCE</b>		41. Damage to Fuel Tank-1	<u>1</u>
33. Fire Occurrence	<u>0</u>	42. Damage to Fuel Tank-2	<u>0</u>
(0) No fire		(0) No fuel tank	
Yes, fire occurred		(1) No damage to fuel tank	
(1) Minor		(2) Deformed, no seam failure	
(2) Major		(3) Deformed, with a seam failure	
(9) Unknown		(4) Punctured	
		(5) Lacerated (ripped)	
		(6) Abraded (scrapped)	
		(7) Filler neck separation from the fuel tank	
		(8) Other damage (specify): _____	
		(9) Unknown	
34. Origin of Fire	<u>0</u>		
(0) No fire			
(1) Vehicle exterior (front, side, back, top)			
(2) Exhaust system			
(3) Fuel tank (and other fuel retention system parts)			
(4) Engine compartment			
(5) Cargo/trunk compartment			
(6) Instrument panel			
(7) Passenger compartment area			
(8) Other location (specify): _____			
(9) Unknown			



43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

(0) No fuel tank

(1) No fuel leakage

*Primary Area Of Leakage*

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): \_\_\_\_\_

(9) Unknown

45. Fuel Type-1

01

46. Fuel Type-2

00*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): \_\_\_\_\_

*Electric Powered or Electric/Solar Powered Vehicles*

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): \_\_\_\_\_

(98) Other Hybrid (specify): \_\_\_\_\_

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

*Yes - More Than Two Tanks*(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): \_\_\_\_\_(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank \_\_\_\_\_

Tank location \_\_\_\_\_

Filler cap location \_\_\_\_\_

Tank damage \_\_\_\_\_

Location of leakage \_\_\_\_\_

Type of fuel \_\_\_\_\_

(9) Unknown if more than two tanks

**COMMENTS**


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\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED \*\*\*

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



## INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9606

3. Vehicle Number

01

### INTEGRITY

4. Passenger Compartment Integrity

00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

### GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2  
20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2  
28. BL 1 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1  
36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1  
44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

## STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
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NONE OBSERVED



**OCCUPANT AREA INTRUSION**

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

**LOCATION OF INTRUSION**

Front Seat  
 (11) Left  
 (12) Middle  
 (13) Right

Second Seat  
 (21) Left  
 (22) Middle  
 (23) Right

Third Seat  
 (31) Left  
 (32) Middle  
 (33) Right

Fourth Seat  
 (41) Left  
 (42) Middle  
 (43) Right

(97) Catastrophic  
 (98) Other enclosed area (specify) \_\_\_\_\_

(99) Unknown

**INTRUDING COMPONENT***Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): \_\_\_\_\_

*Exterior Components*

- (30) Hood
- (31) Outside surface of this vehicle (specify): \_\_\_\_\_
- (32) Other exterior object in the environment (specify): \_\_\_\_\_
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_
- (99) Unknown

**MAGNITUDE OF INTRUSION**

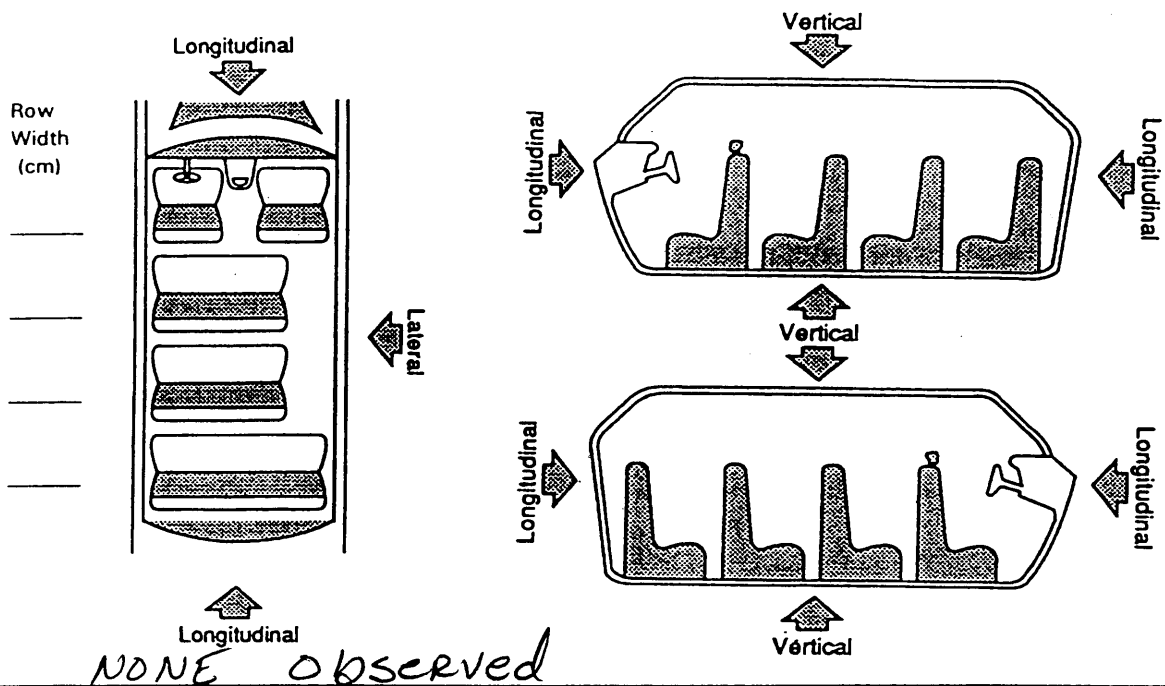
- (1)  $\geq 3$  centimeters but  $< 8$  centimeters
- (2)  $\geq 8$  centimeters but  $< 15$  centimeters
- (3)  $\geq 15$  centimeters but  $< 30$  centimeters
- (4)  $\geq 30$  centimeters but  $< 46$  centimeters
- (5)  $\geq 46$  centimeters but  $< 61$  centimeters
- (6)  $\geq 61$  centimeters
- (7) Catastrophic
- (9) Unknown

**DOMINANT CRUSH DIRECTION**

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

# INTRUSION WORKSHEET

**NOTE: SKETCH INTRUDED AREAS**



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

## STEERING COLUMN

## 87. Steering Column Type

- (1) Fixed column  
(2) Tilt column  
(3) Telescoping column  
(4) Tilt and telescoping column  
(8) Other column type (specify): \_\_\_\_\_  
(9) Unknown

## 88. Tilt Steering Column Adjustment

- (0) No tilt steering column  
(1) Full up  
(2) Between full up and center  
(3) Center  
(4) Between center and full down  
(5) Full down  
(9) Unknown

## 89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column  
(1) Full back  
(2) Between full back and midpoint  
(3) Midpoint  
(4) Between midpoint and full forward  
(5) Full forward  
(9) Unknown

## 90. Steering Rim/Spoke Deformation

- Code actual measured  
deformation to the nearest centimeter  
(00) No steering rim deformation  
(01-14) Actual measured value in centimeters  
(15) 15 centimeters or more  
(98) Observed deformation cannot be measured  
(99) Unknown

## 91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

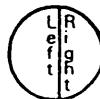
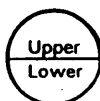
## Quarter Sections

- (01) Section A  
(02) Section B  
(03) Section C  
(04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
(06) Lower half of rim/spoke  
(07) Left half of rim/spoke  
(08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
(10) Undetermined location  
(99) Unknown

## INSTRUMENT PANEL

## 92. Odometer Reading

\_\_\_\_\_ kilometers  
Code to the nearest 1,000 kilometers  
(000) No odometer  
(001) Less than 1,500 kilometers  
(500) 499,500 kilometers or more  
(999) Unknown  
5536 miles X 1.6093 = 8909 kilometers

Source: ODOMETER

## 93. Instrument Panel Damage from Occupant Contact?

- (0) No Smudge  
(1) Yes  
(9) Unknown

## 94. Type of Knee Bolster Covering

- (0) No knee bolster  
(1) Padded  
(2) Rigid plastic  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

## 95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster  
(1) No deformation Smudge  
(2) Yes - deformation  
(9) Unknown

## 96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door  
(1) No - door did not open  
(2) Yes - door opened  
(9) Unknown

## 97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment  
(1) Adaptive driving equipment installed  
(Check all that apply.)  
[ ] Hand controls for braking/acceleration  
[ ] Steering control devices (attached to OEM steering wheel)  
[ ] Steering knob attached to steering wheel  
[ ] Low effort power steering (unit or device)  
[ ] Replacement steering wheel (i.e., reduced diameter)  
[ ] Joy-stick steering controls  
[ ] Wheelchair tie-downs  
[ ] Modification to seat belts (specify): \_\_\_\_\_  
[ ] Additional or relocated switches (specify): \_\_\_\_\_  
[ ] Raised roof  
[ ] Wall-mounted head rest (used behind wheelchair)  
[ ] Other adaptive device (specify): \_\_\_\_\_

(9) Unknown



# FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	01	01
E-Source of air bag damage	01	01
F-Air bag tethered?	2	1
G-Air bag have vent ports?	2	1
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	9	1

## A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

## B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

### Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 2 Driver
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): Driver 2 w/ 3 1 oc/ack
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

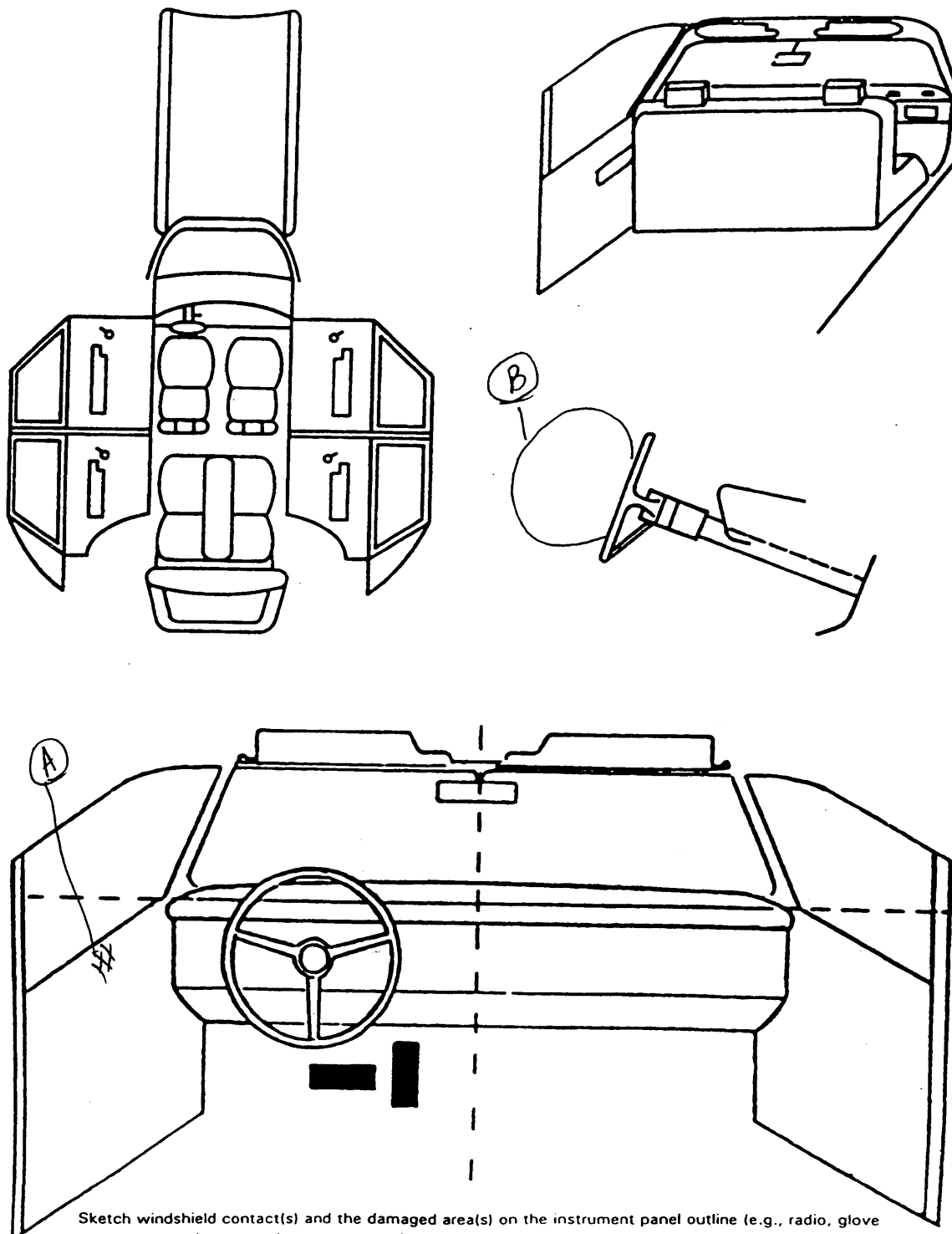
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	051	1	UNK	oil & Blood	2
B	170	1	FACE	SKIN & MAKE up	1
C	010	1	KNEE	Smudge	2
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tape deck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object, (specify):  
 (019) Other front object (specify):

## CODES FOR INTERIOR COMPONENTS

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify):  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify):

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify):  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify):  
 (155) Head restraint system  
 (160) Other occupants (specify):  
 (161) Interior loose objects  
 (162) Child safety seat (specify):  
 (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify):  
 (195) Other air bag compartment cover (specify):

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify):  
 (409) Additional or relocated switches, (specify):  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown



**AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

**AIR BAGS**

		Frontal Air Bags--Left Front	Frontal Air Bags--Right Front	Other Air Bag
F I R S T	Availability/Function	/	/	0
	Deployment	/	/	0
	Failure	/	/	0

**Air Bag System Availability/Function**

- (0) Not equipped/not available  
(1) Air bag

**Non-functional**

- (2) Air bag disconnected (specify):  
\_\_\_\_\_  
(3) Air bag not reinstalled  
(9) Unknown

**Air Bag System Deployment  
(This Occupant Position)**

- (0) Not equipped/not available  
(1) Deployed during accident (as a result of impact)  
(2) Deployed inadvertently just prior to accident  
(3) Deployed, accident sequence undetermined  
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(5) Unknown if deployed  
(7) Nondeployed  
(9) Unknown

**Are There Indications of Air Bag****System Failure? (This Occupant Position)**

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
\_\_\_\_\_  
(9) Unknown

**AUTOMATIC BELTS**

		Left	Right
F I R S T	A-Availability/Function	0	0
	B-Use	0	0
	C-Type	0	0
	D-Proper Use	0	0
	E-Failure Modes	0	0

**A-Automatic (Passive) Belt System  
Availability/Function**

- (0) Not equipped/not available  
(1) 2 point automatic belts  
(2) 3 point automatic belts  
(3) Automatic belts - type unknown

**Non-functional**

- (4) Automatic belts destroyed or rendered inoperative  
(9) Unknown

**B-Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Automatic belt in use  
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)  
(3) Automatic belt use unknown  
(9) Unknown

**C-Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
(1) Non-motorized system  
(2) Motorized system  
(9) Unknown

**D-Proper Use of Automatic (Passive) Belt  
System**

- (0) Not equipped/not available/not used  
(1) Automatic belt used properly  
(2) Automatic belt used properly with child safety seat

**Automatic Belt Used Improperly**

- (3) Automatic shoulder belt worn under arm  
(4) Automatic shoulder belt worn behind back  
(5) Automatic belt worn around more than one person  
(6) Lap portion of automatic belt worn on abdomen  
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
\_\_\_\_\_

- (8) Other improper use of automatic belt system (specify):  
\_\_\_\_\_

- (9) Unknown

**E-Automatic (Passive) Belt Failure Modes  
During Accident**

- (0) Not equipped/not available/not in use  
(1) No automatic belt failure(s)  
(2) Torn webbing (stretched webbing not included)  
(3) Broken buckle or latchplate  
(4) Upper anchorage separated  
(5) Other anchorage separated (specify):  
\_\_\_\_\_

- (6) Broken retractor

- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):  
\_\_\_\_\_

- (9) Unknown

# MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	0	4
	B-Evidence of usage	04		04
	C-Used in this crash?	04		00
	D-Proper Use	1		0
	E-Failure Modes	1		0
	F-Anchorage Adjustment	5		5
SECOND	A-Availability	4	9	4
	B-Evidence of usage	00	00	00
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
OTHER	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

## A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

## B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

## D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

### Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

## E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

## F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

### Adjustable shoulder Belt Upper Anchorage

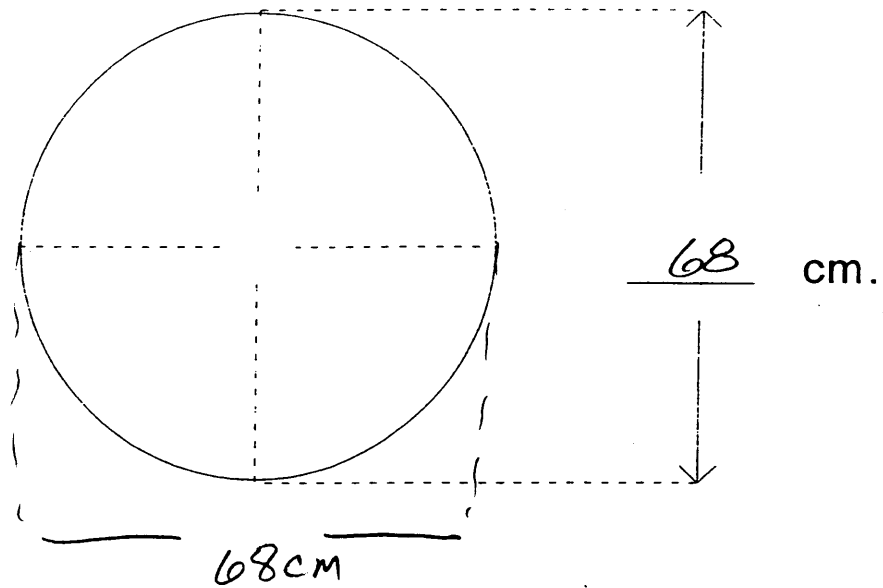
- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

REPLACED

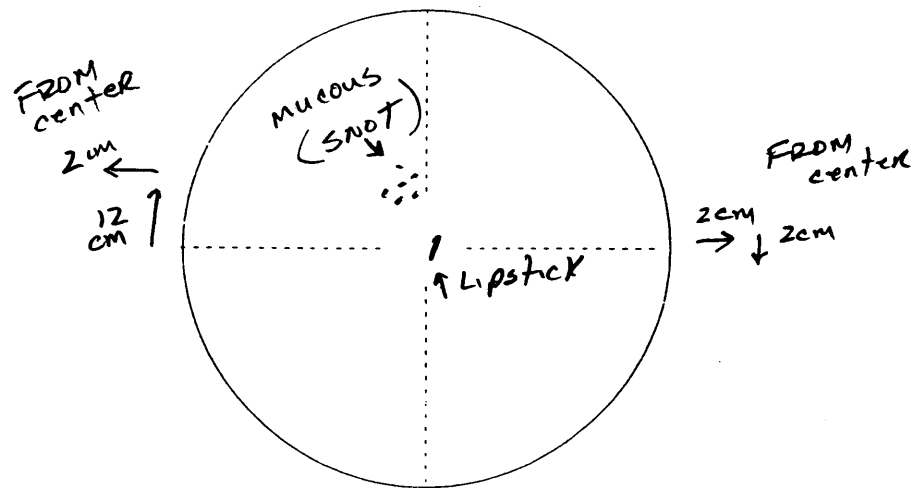
Volkswagen  
S.O.P.

**DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES**

## 1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



## 2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



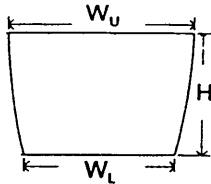


## DRIVER AIR BAG SKETCHES (Cont'd)

### 3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width ( $W_U$ ) \_\_\_\_\_ width ( $W_L$ ) \_\_\_\_\_

height ( $H$ ) \_\_\_\_\_



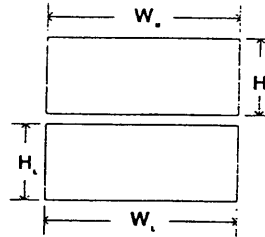
### 4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width ( $W_U$ ) 21 width ( $W_L$ ) 21

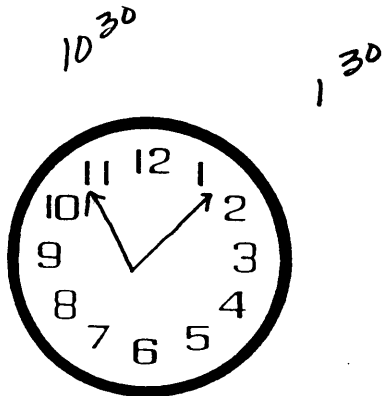
height ( $H_U$ ) 9 height ( $H_L$ ) 7



### 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

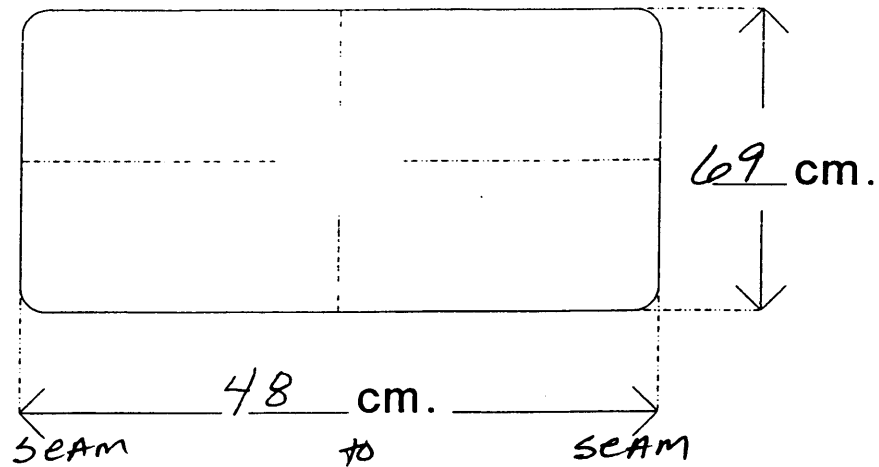
### 7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



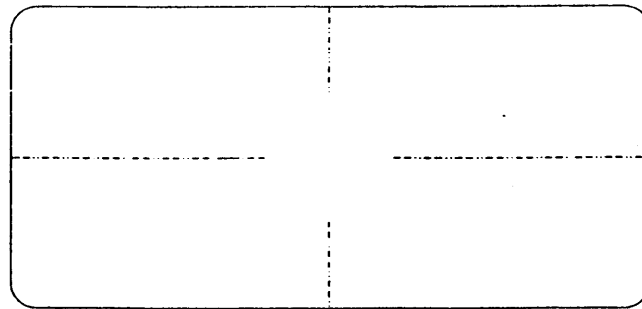
Both vent  
Diameters  
2.5 cm

## PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

## 1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



## 2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



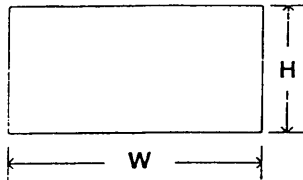
N/A

## PASSENGER AIR BAG SKETCHES (Cont'd)

### 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) \_\_\_\_\_

height (H) \_\_\_\_\_



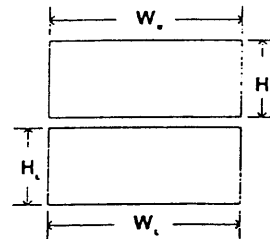
### 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W<sub>U</sub>) 37 width (W<sub>L</sub>) 37

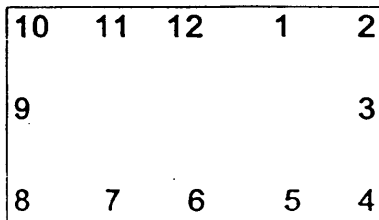
height (H<sub>U</sub>) 11 height (H<sub>L</sub>) 11



### 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



N/A



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**"OTHER" AIR BAG SKETCHES (Cont'd)**

**3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG**

**4. SKETCH AIR BAG VENT PORTS**

**HEAD RESTRAINTS/SEAT EVALUATION**

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
<b>FIRST</b>	A-Head Restraint Type/Damage	3		3
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	4		4
	E-Seat Back Incline Pre/Post Impact	23		23
	F-Seat Performance	1		1
<b>SECOND</b>	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	05	05	05
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
<b>THIRD</b>	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
<b>OTHER</b>	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**



**CHILD SAFETY SEAT FIELD ASSESSMENT**

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number		N	O	N	E		
1. Type of Child Safety Seat							
2. Child Safety Seat Orientation							
3. Child Safety Seat Harness Usage							
4. Child Safety Seat Shield Usage							
5. Child Safety Seat Tether Usage							
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat						

**1. Type of Child Safety Seat**

- (0) No child safety seat  
 (1) Infant seat  
 (2) Toddler seat  
 (3) Convertible seat  
 (4) Booster seat  
 (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type  
 (9) Unknown if child safety seat used

**2. Child Safety Seat Orientation**

- (00) No child safety seat  
 Designed for Rear Facing for This Age/Weight  
 (01) Rear facing  
 (02) Forward facing  
 (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing  
 (12) Forward facing  
 (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing  
 (22) Forward facing  
 (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

**3. Child Safety Seat Harness Usage****4. Child Safety Seat Shield Usage****5. Child Safety Seat Tether Usage**  
Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used  
 (02) After market harness/shield/tether used  
 (03) Child safety seat used, but no after market harness/shield/tether added  
 (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used  
 (12) Harness/shield/tether used  
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used  
 (22) Harness/shield/tether used  
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

**6. Child Safety Seat Make/Model**  
(Specify make/model and occupant number)

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**HEAD RESTRAINTS/SEAT EVALUATION****A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints  
 (1) Integral — no damage  
 (2) Integral — damaged during accident  
 (3) Adjustable — no damage  
 (4) Adjustable — damaged during accident  
 (5) Add-on — no damage  
 (6) Add-on — damaged during accident  
 (8) Other  
 Specify: \_\_\_\_\_  
 (9) Unknown

**B-Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify): \_\_\_\_\_  
 (99) Unknown

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

**D-Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track

**Adjustable Seat Track**

- (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

**E-Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat  
 (01) Not adjustable

**Upright prior to impact**

- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

**Slightly reclined prior to impact**

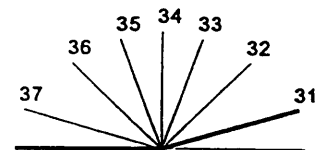
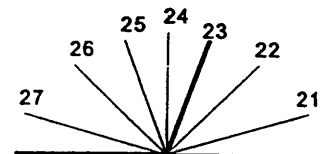
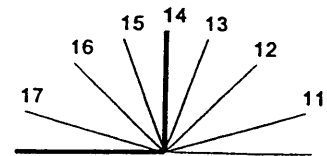
- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position  
 (99) Unknown

**F-Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat tracks/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

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Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

**(9) Unknown****Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

**(9) Unknown****Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT**

No ☒ Yes ☐

Describe entrapment mechanism:

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Component(s):

(Note on vehicle interior sketch)

**NASS CDS INTERVIEW FORM:  
CASE VEHICLE DRIVER**





## INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s): \_\_\_\_\_

2. Case Number - Stratum 9605DRIVER3. Vehicle Number 01

Phone number: \_\_\_\_\_

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

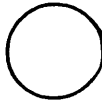
**DRIVER'S DESCRIPTION OF ACCIDENT EVENTS**

I was in WB lane an animal came out from left swerved to my right went off to right, Pole is 6" off curb hit curb then Pole.

I think curb set AIR bag off then I hit pole. I seemed to lose control after hitting curb. thats why I think that it went off after hitting curb

**OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS****SPECIFIC QUESTIONS TO ASK INTERVIEWEE**

## ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION	
IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:	
SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input type="checkbox"/> No adverse conditions <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input checked="" type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: <u>SPEED LIMIT</u> <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 <u>30</u> <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input type="checkbox"/> Braking without lock-up <input checked="" type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input checked="" type="checkbox"/> Other (specify): <u>PARTIALLY ON ROAD PARTIALLY OFF TO RIGHT</u>
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input checked="" type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	<u>probably SAME 30 mph</u>

## VEHICLE INFORMATION

## ROLLOVER DATA

**DID THIS VEHICLE ROLL OVER DURING THE CRASH?**

[ ] YES -- ASK THE FOLLOWING QUESTIONS

[X] NO -- SKIP TO "FIRE DATA" BELOW

[ ] UNKNOWN -- SKIP TO "FIRE DATA" BELOW

<b>ROLLOVER BEGAN</b>	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
<b>ROLLOVER CAUSE?</b>	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
<b>DIRECTION OF VEHICLE ROLL?</b>	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
<b>NUMBER OF TURNS</b>	_____ Number of <b>QUARTER TURNS</b> <input type="checkbox"/> Unknown _____ Number of <b>COMPLETE TURNS</b>
<b>PLANE IN CONTACT WITH GROUND AT FINAL REST?</b>	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

## FIRE DATA

**DID THIS VEHICLE EXPERIENCE A FIRE?**

[ ] YES -- ASK THE FOLLOWING QUESTIONS

<b>FIRE STARTED, OR SMOKE WAS FIRST SEEN ...</b>	<input type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> In the passenger compartment	<input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Under the vehicle <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
<b>FIRE START WITH THE ELECTRICAL SYSTEM?</b> <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify):	
<b>FIRE START WITH THE FUEL SYSTEM?</b> <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes - - specify Which part of the fuel system may have been involved?  <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown	

**Describe any additional rollover or fire information here:**



### ADDITIONAL VEHICLE INFORMATION



<b>YEAR, MAKE AND MODEL?</b>	Year: 19 <u>95</u> Make: <u>VW</u> Model: <u>Golf III</u>
<b>PREVIOUS OR POST-CRASH DAMAGE?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe:  <input type="checkbox"/> Unknown
<b>DOORS OR HATCH OPEN DURING THE CRASH?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
<b>WINDOWS BREAK DURING THE CRASH?</b>	<input checked="" type="checkbox"/> No                      Check all that apply <input type="checkbox"/> Yes <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
<b>WINDOW PRECRASH STATUS</b>	<div style="text-align: right; margin-bottom: 10px;"><i>All closed.</i></div> <input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other  "O" = open                      "C" = Closed "P" = partially open        "U" = Unknown
<b>GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?</b>	<input checked="" type="checkbox"/> No <i>None Available</i> <input type="checkbox"/> Yes - describe:  <input type="checkbox"/> Unknown
<b>CARGO IN THE VEHICLE?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - describe:  Approximate weight - _____ pounds
<b>VEHICLE MILEAGE</b>	_____ miles <input checked="" type="checkbox"/> Unknown
<b>IF VEHICLE HAS NOT BEEN INSPECTED</b>	Current location of the vehicle: _____ _____  Contact person: _____ _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location:    	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION	
Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input checked="" type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input checked="" type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: _____ Months: <u>6</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>10000</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <i>Rest- /</i> <input type="checkbox"/> Work <input type="checkbox"/> School <i>BAR</i> <input type="checkbox"/> Shopping <input checked="" type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

Also  
work part-time  
waiting tables

## OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
<b>SEATING POSITION?</b> Front Left (FL)      Second Left (2L) Front Middle (FM)      Second Middle (2M) Front Right (FR)      Second Right (2R)  Third Left (3L)      Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	<b>FRONT LEFT</b>		
<b>SEX, HEIGHT, WEIGHT, AND AGE?</b>  <b>CIRCLE DRIVER'S RACE:</b> White Black American Indian Eskimo or Aleut Asian or Pacific Islander  Other (specify): Unknown	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant  HEIGHT: 5'6" WEIGHT: 120 AGE: 25  DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant  HEIGHT: ____ WEIGHT: ____ AGE: ____  	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant  HEIGHT: ____ WEIGHT: ____ AGE: ____  
<b>OCCUPANT POSTURE</b>  A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown  Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown  Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown  Indicate all letters that apply and describe if other than above
<b>FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT</b>  <b>FEET</b> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown  <b>HANDS / ARMS</b> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed  (L) on clutch (R) on BRAKE  (L) on steering wheel (R) on stick shift	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed

OCCUPANT DATA CONTINUED ON NEXT PAGE

**OCCUPANT DATA QUESTIONS (continued)**

	DRIVER	OCCUPANT # ____	OCCUPANT # ____																																																
<b>BACK UP AGAINST THE SEAT BACK?</b>	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
<b>ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?</b>	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
<b>ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT</b>	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> <input checked="" type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> <input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		

**TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT**

☒ Not adjustable  
☐ Center  
☐ Full down  
☐ Full up  
☐ Between full up and center  
☐ Between center and full down  
☐ Unknown

**TELESCOPING STEERING COLUMN PRIOR TO IMPACT**

☒ Not adjustable  
☐ Midpoint  
☐ Full forward  
☐ Full back  
☐ Between full back and midpoint  
☐ Between midpoint and full forward  
☐ Unknown

**Did this vehicle have a cellular phone in it during the crash?**

☐ No  
☐ Yes - describe type: \_\_\_\_\_  
 (e.g., portable, mounted in vehicle, flip phone, etc.)  
☐ Unknown

***(Note to researcher: try to determine any driver distractions without implying fault)***

**Was the driver doing any of the following? (check all that apply - and specify)**

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☒ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☐ Other (specify):
- ☐ Unknown



**RESTRAINT INFORMATION**

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
<b>TYPE OF SEAT BELT AVAILABLE</b>  NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
<b>DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT?</b> (i.e., 2-point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
<b>IF "YES", WERE THEY WORKING PROPERLY?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
<b>ARE ANY BELTS ATTACHED TO THE DOOR?</b> (i.e., 3-point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
<b>IF "YES", DOES IT CROSS:</b>	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
<b>OCCUPANT WEARING ANY SEATBELT?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

**SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN**

<b>TYPE OF BELT WORN?</b>	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
<b>LAP BELT SITUATED?</b>	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
<b>SHOULDER BELT SITUATED?</b>	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

**EJECTION, ENTRAPMENT, MOBILITY INFORMATION**

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
<b>ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown  * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
<b>ANYONE PINNED IN THE VEHICLE?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc.  <input type="checkbox"/> Unknown  Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc.  <input type="checkbox"/> Unknown  Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc.  <input type="checkbox"/> Unknown  Detail any entrapment
<b>HOW DID OCCUPANT(S) EXIT THE VEHICLE?</b>	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown
Further describe any ejection, entrapment, or mobility information here:			

**AIR BAG INFORMATION**

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
<b>VEHICLE BEEN IN ANY PREVIOUS CRASHES?</b>  <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed  <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed  <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed  <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
<b>TYPE OF AIR BAG?</b>	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
<b>PRIOR SERVICE ON THE AIR BAG SYSTEM?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
<b>DID AIR BAG INFLATE DURING THIS CRASH?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  If "NO" was the wiring disconnected prior to the crash?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  If "NO" was the wiring disconnected prior to the crash?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  If "NO" was the wiring disconnected prior to the crash?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<b>WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?</b>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - Specify: <i>contacts</i>	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
<b>WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

**CHILD SAFETY SEAT INFORMATION**

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

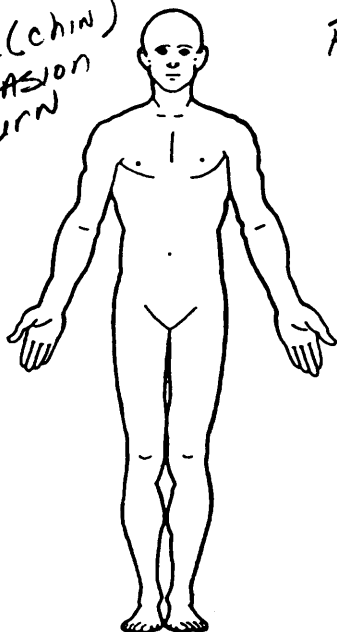
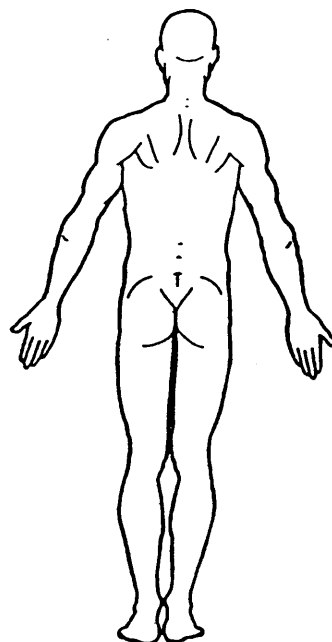


**INJURY INFORMATION**

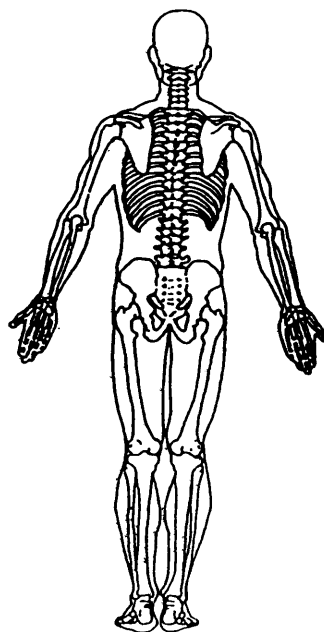
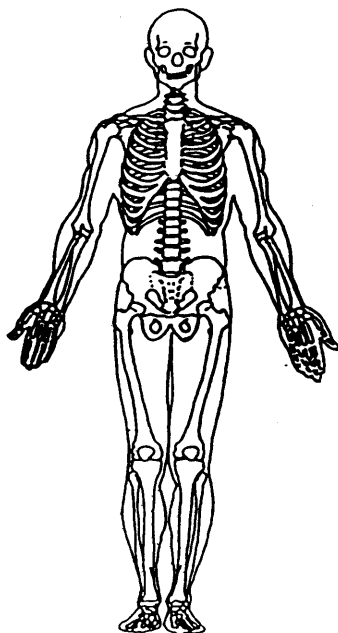
	DRIVER	OCCUPANT # ____	OCCUPANT # ____
<b>WERE YOU INJURED?</b> ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>DID YOU HAVE ANY OF THE FOLLOWING:</b>  <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input checked="" type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
<b>TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>RECEIVE ANY MEDICAL TREATMENT?</b>  <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
<b>HOSPITALIZED?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
<b>TREATED AND RELEASED FROM THE EMERGENCY ROOM?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<b>NAME OF MEDICAL TREATMENT FACILITY?</b>			
<b>RECEIVE ANY FOLLOW-UP TREATMENT?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
<b>LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?</b>	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days 12 5 WORK <input type="checkbox"/> Unknown 7 school	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
<b>IF REQUIRED:</b>  <b>WILL YOU SIGN A MEDICAL RELEASE?</b>  <i>* If not an in-person interview, make appointment to have release signed</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown  DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown  DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown  DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number—Stratum 9605Vehicle Number 01Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): \_\_\_\_\_

## SOFT TISSUE/INTERNAL INJURIES

neck (chin)  
ABRASION  
BURNFACIAL  
LACERATIONS  
ABRASIONSChemical  
Burns  
AIR BAG

## SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

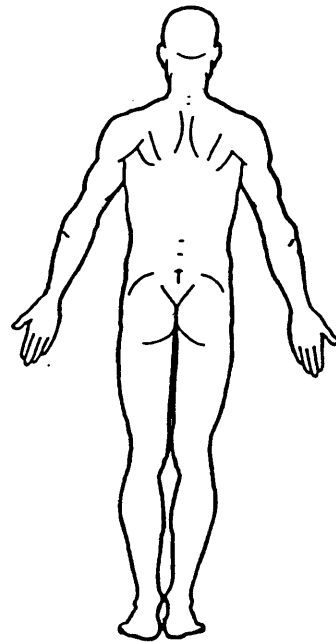
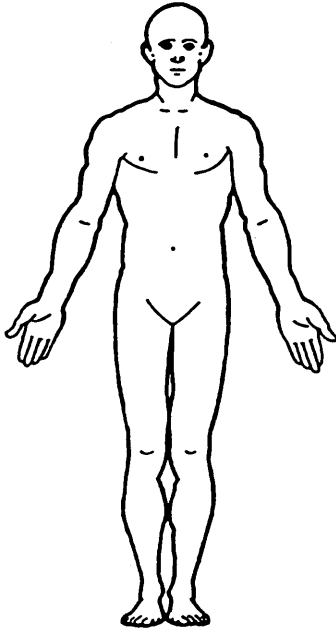
PSU Number 10Case Number—Stratum 9605

Vehicle Number \_\_\_\_\_

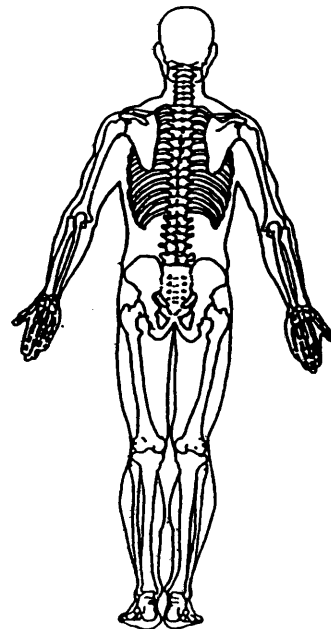
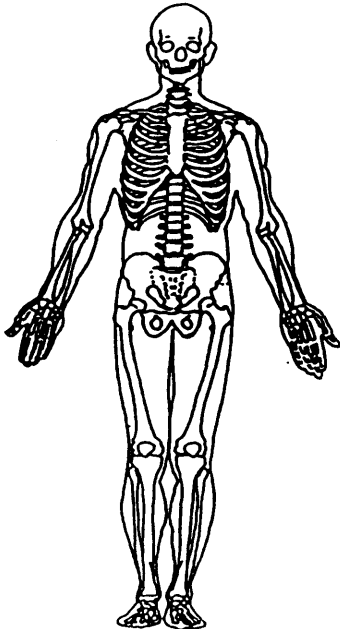
Occupant Number \_\_\_\_\_

**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): \_\_\_\_\_

## SOFT TISSUE/INTERNAL INJURIES



## SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

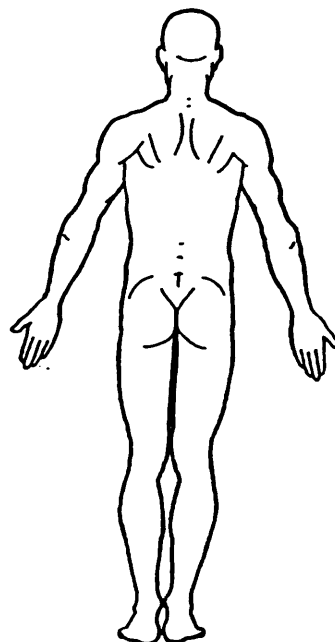
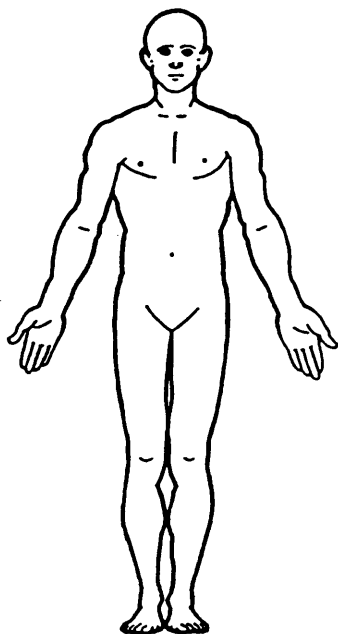
PSU Number 10Case Number—Stratum 96

Vehicle Number \_\_\_\_\_

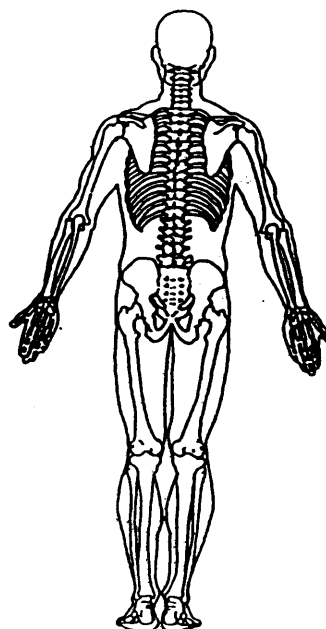
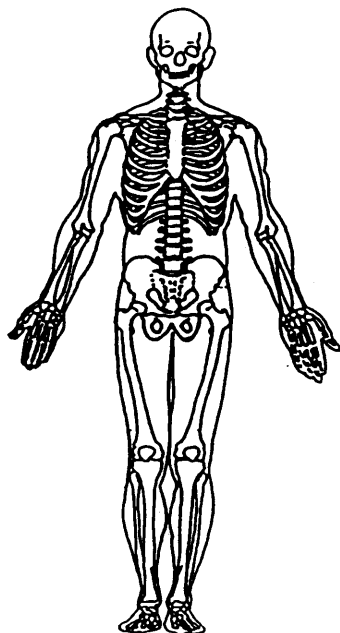
Occupant Number \_\_\_\_\_

**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): \_\_\_\_\_

## SOFT TISSUE/INTERNAL INJURIES



## SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



**NASS CDS OCCUPANT ASSESSMENT FORM:**  
**CASE VEHICLE DRIVER**



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT ASSESSMENT FORM

Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9605

3. Vehicle Number 01

4. Occupant Number 01

### OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 25

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 168

Code actual height to the nearest  
centimeter.

(999) Unknown

66 inches X 2.54 = 167.64 centimeters

8. Occupant's Weight 054

Code actual weight to the nearest  
kilogram.

(999) Unknown

120 pounds X .4536 = 54 kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

### OCCUPANT'S SEATING

10. Occupant's Seat Position 11

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with  
another occupant or to look out a rear  
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in  
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

**EJECTION/ENTRAPMENT****12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

4

**BELT SYSTEM FUNCTION**

18. Manual (Active) Belt System Availability 4
- (0) None available
  - (1) Belt removed/destroyed
  - (2) Shoulder belt
  - (3) Lap belt
  - (4) Lap and shoulder belt
  - (5) Belt available—type unknown
- Integral Belt Partially Destroyed*
- (6) Shoulder belt (lap belt destroyed/removed)
  - (7) Lap belt (shoulder belt destroyed/removed)
  - (8) Other belt (specify): \_\_\_\_\_
  - (9) Unknown
19. Manual (Active) Belt System Use 04
- (00) None used, not available, or belt removed/destroyed
  - (01) Inoperative (specify): \_\_\_\_\_
  - (02) Shoulder belt
  - (03) Lap belt
  - (04) Lap and shoulder belt
  - (05) Belt used—type unknown
  - (08) Other belt used (specify): \_\_\_\_\_
  - (12) Shoulder belt used with child safety seat
  - (13) Lap belt used with child safety seat
  - (14) Lap and shoulder belt used with child safety seat
  - (15) Belt used with child safety seat—type unknown
  - (18) Other belt used with child safety seat (specify): \_\_\_\_\_
  - (99) Unknown if belt used
20. Proper Use of Manual (Active) Belts 1
- (0) None used or not available
  - (1) Belt used properly
  - (2) Belt used properly with child safety seat
- Belt Used Improperly*
- (3) Shoulder belt worn under arm
  - (4) Shoulder belt worn behind back or seat
  - (5) Belt worn around more than one person
  - (6) Lap belt worn on abdomen
  - (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
  - (8) Other improper use of manual belt system (specify): \_\_\_\_\_
  - (9) Unknown
21. Manual (Active) Belt Failure Modes During Accident 1
- (0) No manual belt used or not available
  - (1) No manual belt failure(s)
  - (2) Torn webbing (stretched webbing not included)
  - (3) Broken buckle or latchplate
  - (4) Upper anchorage separated
  - (5) Other anchorage separated (specify): \_\_\_\_\_
  - (6) Broken retractor
  - (7) Combination of above (specify): \_\_\_\_\_
  - (8) Other manual belt failure (specify): \_\_\_\_\_
  - (9) Unknown
22. Manual Shoulder Belt Upper Anchorage Adjustment 2
- (0) No manual shoulder belt
  - (1) No upper anchorage adjustment for manual shoulder belt
- Adjustable shoulder Belt Upper Anchorage*
- (2) In full up position *Per Interviewee*
  - (3) In mid position
  - (4) In full down position
  - (5) Position unknown
  - (9) Unknown if position has adjustable upper anchorage adjustment
23. Automatic (Passive) Belt System Availability/Function 0
- (0) Not equipped/not available
  - (1) 2 point automatic belts
  - (2) 3 point automatic belts
  - (3) Automatic belts - type unknown
- Non-functional*
- (4) Automatic belts destroyed or rendered inoperative
  - (9) Unknown
24. Automatic (Passive) Belt System Use 0
- (0) Not equipped/not available/destroyed or rendered inoperative
  - (1) Automatic belt in use
  - (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
  - (3) Automatic belt use unknown
  - (9) Unknown
25. Automatic (Passive) Belt System Type 0
- (0) Not equipped/not available
  - (1) Non-motorized system
  - (2) Motorized system
  - (9) Unknown
26. Proper Use of Automatic (Passive) Belt System 0
- (0) Not equipped/not available/not used
  - (1) Automatic belt used properly
  - (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
  - (4) Automatic shoulder belt worn behind back
  - (5) Automatic belt worn around more than one person
  - (6) Lap portion of automatic belt worn on abdomen
  - (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
  - (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
  - (9) Unknown
27. Automatic (Passive) Belt Failure Modes During Accident 0
- (0) Not equipped/not available/not in use
  - (1) No automatic belt failure(s)
  - (2) Torn webbing (stretched webbing not included)
  - (3) Broken buckle or latchplate
  - (4) Upper anchorage separated
  - (5) Other anchorage separated (specify): \_\_\_\_\_
  - (6) Broken retractor
  - (7) Combination of above (specify): \_\_\_\_\_
  - (8) Other automatic belt failure (specify): \_\_\_\_\_
  - (9) Unknown



## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection  
☐ Official injury data  
☐ Driver/occupant interview  
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

- Availability/Function  
 (This Occupant Position)  
 (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment 1  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0  
 Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First 0  
 Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System 1  
 Failure?  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify): \_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available  
\_\_\_\_\_ Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify): \_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 996

- (\_000) Not equipped/not available  
Code the value of the delta V for the impact that initiated the air bag deployment  
(\_996) Deployment, unknown longitudinal Delta V  
(\_997) Not deployed  
(\_998) Unknown if deployed  
(\_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify): \_\_\_\_\_  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify): \_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*

44. Source of Air Bag Damage 01  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 (03) Object carried by occupant, (specify):  
 (04) Adaptive/assistive controls, (specify):  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (88) Other damage source (specify):  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 2  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 3  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION**

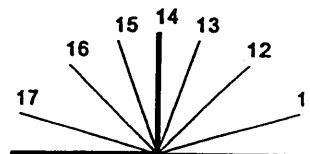
49. Head Restraint Type/Damage by Occupant at This Occupant Position 3  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 (9) Unknown
50. Seat Type (this Occupant Position) 02  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 5  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions *Per Interviewee*  
 (6) Seat at rear most track position  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION** *continued*53. Seat Back Incline Prior and Post Impact 23

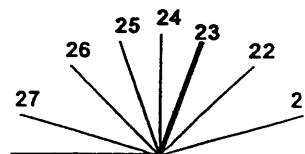
- (00) Occupant not seated or no seat  
 (01) Not adjustable

*Upright prior to impact*

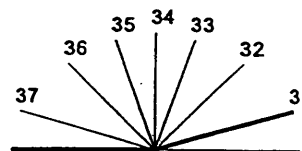
- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown



**CHILD SAFETY SEAT**

55. Child Safety Seat Make/Model 0 0 0  
 (000) No child safety seat  
 Applicable codes are found in your NASS CDS  
 Data Collection, Coding and Editing  
 (950) Built-in child safety seat  
 (997) Other make/model (specify): \_\_\_\_\_

(998) Unknown make/model  
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0  
 (0) No child safety seat  
 (1) Infant seat  
 (2) Toddler seat  
 (3) Convertible seat  
 (4) Booster seat - with shield  
 (5) Booster seat - without shield  
 (7) Other type child safety seat (specify): \_\_\_\_\_  
 (8) Unknown child safety seat type  
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0  
 (00) No child safety seat  
  
*Designed for Rear Facing for This Age/Weight*  
 (01) Rear facing  
 (02) Forward facing  
 (08) Other orientation (specify): \_\_\_\_\_  
 (09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*  
 (11) Rear facing  
 (12) Forward facing  
 (18) Other orientation (specify): \_\_\_\_\_  
 (19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*  
 (21) Rear facing  
 (22) Forward facing  
 (28) Other orientation (specify): \_\_\_\_\_  
 (29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to  
 Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later *Per Interviewee*
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 12

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

*5 WORKDAYS*  
*7 school days*

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
(96) Fatal - ruled disease  
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 05

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
(97) Injured, details unknown  
(99) Unknown if injured

**TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score 15  
(at Medical Facility)

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given  
(2) Yes - blood given  
(specify units):  
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**74. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify):  
(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:**  
**CASE VEHICLE DRIVER**



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

BEST AVAILABLE  
Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9605

4. Occupant Number

01

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90					Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Injury to ① 1st conjunctiva	5. <u>3</u>	6. <u>2</u>	7. <u>4</u>	8. <u>04</u>	9. <u>16</u>	10. <u>1</u>	11. <u>1</u>	12. <u>170</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>
Injury to ② 2nd conjunctiva	16. <u>3</u>	17. <u>2</u>	18. <u>4</u>	19. <u>04</u>	20. <u>16</u>	21. <u>1</u>	22. <u>2</u>	23. <u>170</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
Facial ③ abrasions	27. <u>3</u>	28. <u>2</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>0</u>	34. <u>170</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
Burn chemical (e.g., alkali) ④ lips + chin	38. <u>3</u>	39. <u>2</u>	40. <u>9</u>	41. <u>20</u>	42. <u>02</u>	43. <u>1</u>	44. <u>8</u>	45. <u>170</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
Injury to ⑤ lower lateral mucosa	49. <u>3</u>	50. <u>2</u>	51. <u>4</u>	52. <u>32</u>	53. <u>99</u>	54. <u>1</u>	55. <u>8</u>	56. <u>170</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>
Abrasion ⑥ neck (chin area)	60. <u>7</u>	61. <u>3</u>	62. <u>9</u>	63. <u>02</u>	64. <u>02</u>	65. <u>1</u>	66. <u>5</u>	67. <u>170</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____



**OCCUPANT INJURY DATA**

	Source of Injury Data	A.I.S. - 90					Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

**OCCUPANT INJURY CLASSIFICATION**

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen			(5) Anterior
(6) Spine		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
	The exceptions to this rule apply to:		
<b>Type of Anatomic Structure</b>	<b>Whole Area</b>		
(1) Whole Area	(02) Skin - Abrasion	<b>Abbreviated Injury Scale</b>	
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn	(1) Minor Injury	
(9) Skin	(30) Crush	(2) Moderate Injury	
	(40) Degloving	(3) Serious Injury	
	(50) Injury - NFS	(4) Severe Injury	
	(90) Trauma, other than mechanical	(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	
	<b>Head - LOC</b>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<b>Spine</b>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

**SOURCE OF INJURY DATA****INJURY SOURCE  
CONFIDENCE LEVEL****DIRECT/INDIRECT INJURY****OFFICIAL RECORDS**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

**UNOFFICIAL RECORDS**

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

• Hit a curb, air bag erupted and also tore open at the same time (HP1, PR1) BEST AVAILABLE

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Air Bag Deployed  
(HP1, ER1, FU)

• She was struck in the face with the air bag briefly and then was hit with the contents of the bag. The powder got into her eyes and immediately she had burning pain. (HP1)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

— No

— Yes

Blood Alcohol Level  
(mg/dl)

BAL =

Glasgow Coma  
Scale Score

GCSS = 15  
(HP1)

Units of Blood  
Given

Units =

Arterial Blood Gases

pH =

PO<sub>2</sub> =

PCO<sub>2</sub> =

HCO<sub>3</sub> =

• c/o burning pain  
over face

(HP1, ER1, PR1, HP2)

• Abrasion @ malar  
region (HP1)

• Facial Abrasions

(HP1, ER1, DI1)

ER2

• Laceration/  
chemical  
burn to @  
lower lateral  
face  
(FU)

• Abrasion @ forehead (HP1)

• c/o burning pain to eyes (HP1)

without gross visual changes

• Markedly injected conjunctiva, but  
no corneal abrasions (HP1)

Abrasions lips

(HP1, HP2, ER2)

• Abrasion chin (HP2)

• Markedly swollen  
lips, upper + lower  
(HP1, ER1)

• Thought she got chemical  
material on her face from  
air bag (HP2, ER2)

Injury to ver-  
million and lower  
lateral mucosa  
of @ lip (FU)

• Instructed to treat  
facial injuries as  
burn per Poison Control  
(PR1)

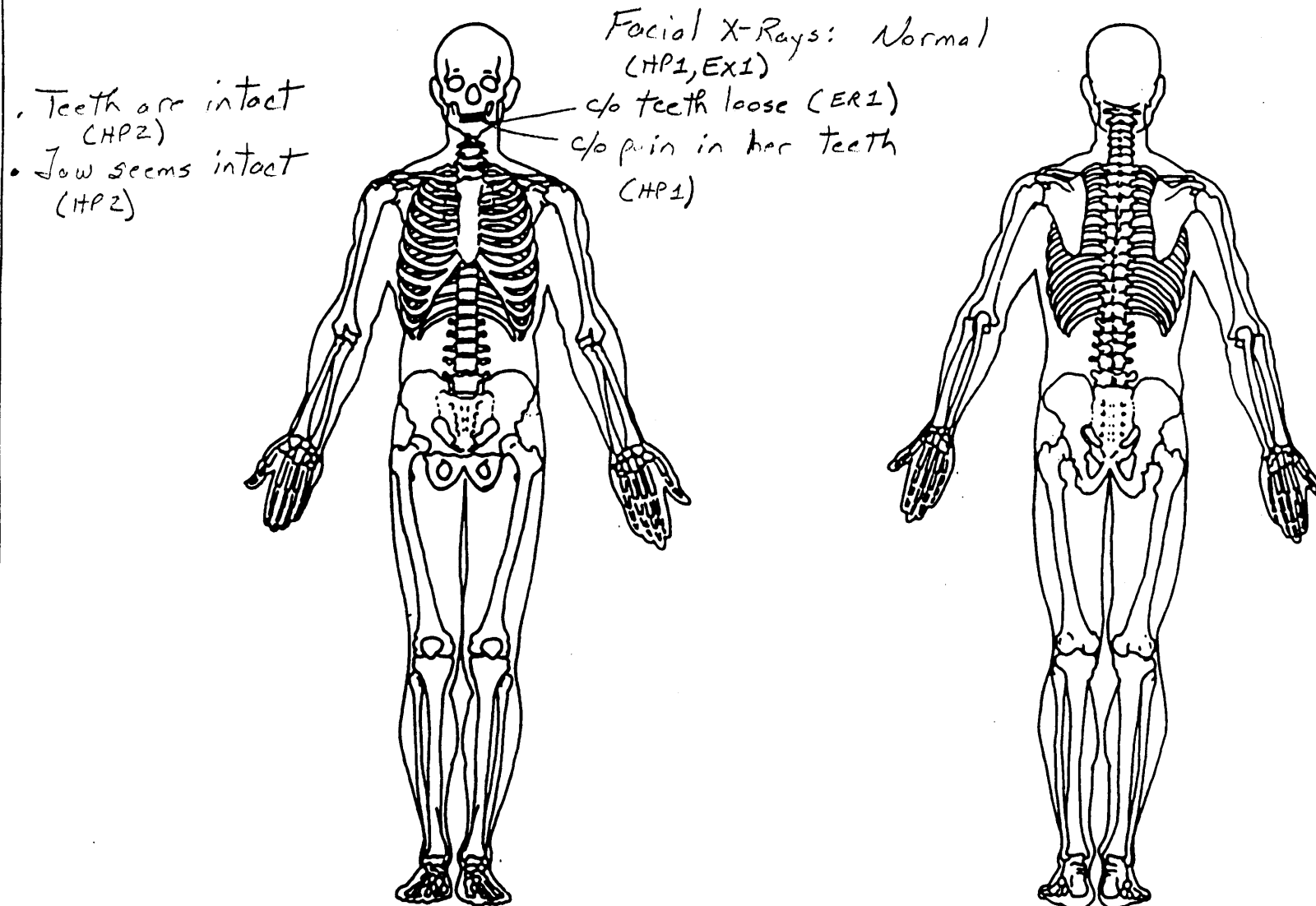
• Alcohol on breath  
(HP1)

Dx: Chemical conjunctivitis,  
Chemical and mechanical  
abrasions, blunt trauma  
to face, + facial edema  
(HP1)

Dx: Abrasions of lips and chin  
with possible 2° infection (HP2)

## OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture-type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## INJURY SOURCES

**FRONT**

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify)
- (019) Other front object (specify):

**LEFT SIDE**

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- 
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface,  
excluding hardware or  
armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- 
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support  
(152) Belt restraint webbing/buckle  
(153) Belt restraint B-pillar or door frame attachment point  
(154) Other restraint system component (specify):  

---

(155) Head restraint system  
(160) Other occupants (specify):  

---

(161) Interior loose objects  
(162) Child safety seat (specify):

- (163) Other interior object  
(specify):

**AIR BAG**

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)

- (195) Other air bag compartment cover (specify)

**ROOF**

- (201) Front header  
(202) Rear header  
(203) Roof left side rail  
(204) Roof right side rail  
(205) Roof or convertible top

**FLOOR**

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
(302) Backlight storage rack,  
door, etc.  
(303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts. (specify): \_\_\_\_\_
- (409) Additional or relocated switches. (specify): \_\_\_\_\_

- (410) Raised roof

- (411) Wall mounted head rest  
(used behind wheel chair)
- (412) Other adaptive device  
(specify): \_\_\_\_\_

EXTERIOR of OCCUPANT'S  
VEHICLE

- (451) Hood  
(452) Outside hardware (e.g.,  
outside mirror, antenna)  
(453) Other exterior surface or  
tires (specify):

- (454) Unknown exterior objects

**EXTERIOR OF OTHER MOTOR  
VEHICLE**

- (501) Front bumper  
(502) Hood edge  
(503) Other front of vehicle  
(specify):

- (504) Hood  
(505) Hood ornament  
(506) Windshield, roof rail, A-pillar  
(507) Side surface  
(508) Side mirrors  
(509) Other side protrusions  
(specify):

- (510) Rear surface  
(511) Undercarriage  
(512) Tires and wheels  
(513) Other exterior of other motor vehicle (specify):

- (514) Unknown exterior of other motor vehicle

## OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground  
(598) Other vehicle or object  
(specify):

- (599) Unknown vehicle or object

### NONCONTACT INJURY

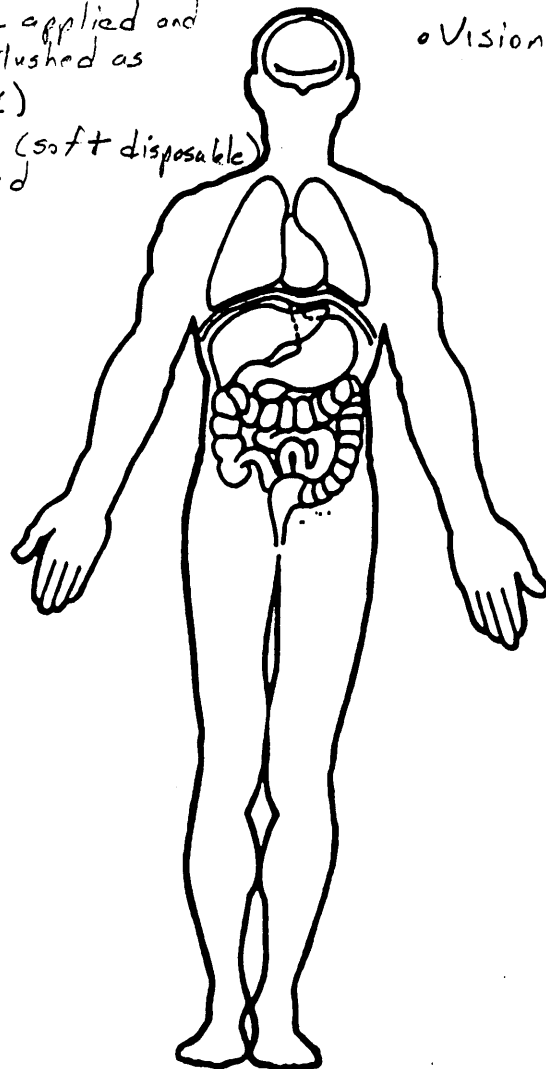
- (601) Fire in vehicle  
(602) Flying glass  
(603) Other noncontact injury  
source  
(specify): \_\_\_\_\_  
(604) Air bag exhaust gases  
(697) Injured, unknown source



## OFFICIAL INJURY DATA — INTERNAL INJURIES

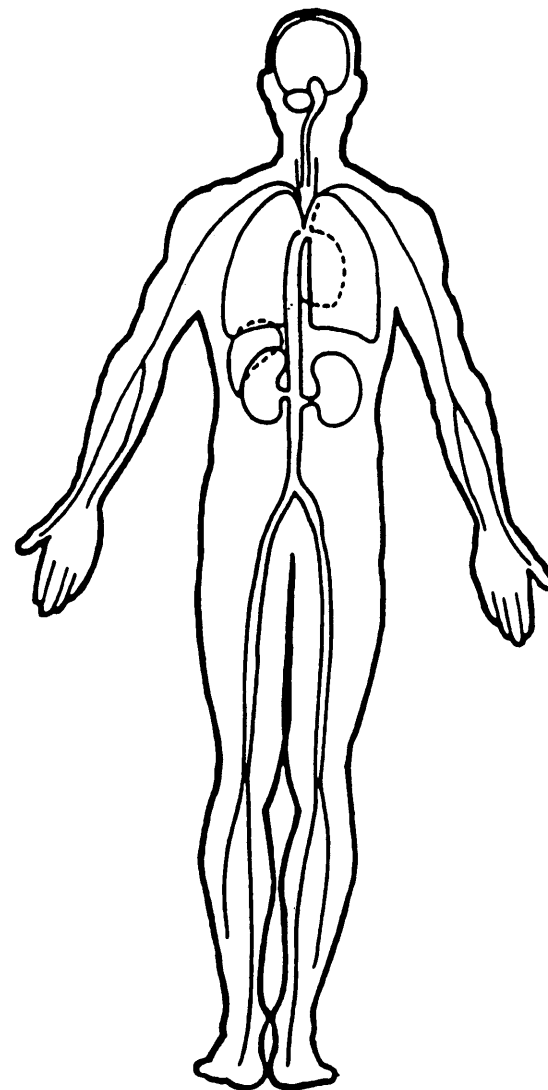
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Eyes: had topical  
anesthetic applied and  
they were flushed as  
well (HP1)  
• Contact lens (soft + disposable)  
were removed  
(HP1, ER1)



• No LOC (HP1)  
• Vision intact (ER2)

• Awake, alert, speaks clearly  
(HP1)



# CAUSE OF DEATH

BEST AVAILABLE

## ICD-9-CM

### OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

### MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

PR# = Expected Patient Report  
 DI# = Discharge Instructions

**MEDICAL RECORDS**  
**FROM**  
**INITIAL TREATMENT FACILITY**

a U.S. Health Affiliate

M.R.#

M.D. [REDACTED] ER

## EMERGENCY DEPARTMENT PHYSICIAN NOTE

DATE OF PRESENTATION: 96

TIME DICTATED: 9:34 A

CHIEF COMPLAINT: Facial pain

**HISTORY OF PRESENT ILLNESS:** This patient is a 25 year old white female who states that she hit a curb with her car. The air bag erupted and also tore open at the same time. She was struck in the face with the air bag briefly and then was hit with the contents of the bag. The powder got into her eyes and immediately she had burning pain. She also has burning over her face, abrasions on her face, markedly swollen lips. She is also complaining of pain in her teeth. There was no loss of consciousness or actual collision with the vehicle.

**PAST MEDICAL HISTORY:** Significant for asthma. Skin grafting.

**CURRENT MEDICATIONS:** Proventil inhaler on prn basis and Birth Control Pills.

**ALLERGIES:**

**FAMILY HISTORY:** Noncontributory

**SOCIAL HISTORY:** Noncontributory

**REVIEW OF SYSTEMS:** She denies neck pain, chest pain, abdominal pain. There are no other neurologic complains. She complained of facial pain and marked swelling and abrasions of her lips and face. She also has pain in her eyes without gross visual changes. Remaining review of systems is negative.

**PHYSICAL EXAMINATION:** This patient appears to be in pain. She has alcohol on her breath. She is awake and alert, speaks clearly. She has abrasion on her right forehead and right malar region. She has markedly injected conjunctiva but no gross stain, uptake, or other abrasions noted on the cornea. Pupils equal, round, and reactive to light. Extra ocular muscles are intact. The anterior chamber is clear. Neck is mobile and nontender. The mandible is nontender and is stable with stress. The maxilla is markedly tender but stable with stress. Teeth are all intact. The gingiva is intact. There are no lacerations in the mouth. Ears are normal. Chest is nontender, there is no rib

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a U.S. Health Affiliate

M.D.

ER

M.R. #

EMERGENCY DEPARTMENT PHYSICIAN NOTE

DATE:

96

Page 2

tenderness. Lungs are clear. Heart regular. Abdomen is soft. Extremities are otherwise normal. Neuro exam is nonfocal.

**DIAGNOSTIC TEST RESULTS:** X-rays of the facial bones appear normal, as interpreted by me. Pulse oximetry, on room air, is 100% saturated.

**EMERGENCY DEPARTMENT COURSE:** The patient's wounds were cleaned and dressed with antibiotic ointment. They were flushed free of any possible chemical contaminants. Her eyes had topical anesthetic applied and they were flushed as well. Her contact lens were removed. She was given Benadryl IM, Solu-Medrol IM. She continued to have marked pain and was given Percocet orally.

**CLINICAL IMPRESSION:**

1. Chemical conjunctivitis
2. Chemical and mechanical abrasions
3. Blunt trauma to the face
4. Facial edema

**TREATMENT PLAN/DISPOSITION:** The patient was discharged to continue using Benadryl and was also given Lortab to use for pain. She should also keep her abrasions moist with antibiotic ointment.

---

M.D.

D: 96  
T: 96 9:43 A / /





Acct:

DOB: 1970 r do  
Req. Phys: M.D  
Room #: er  
Facial Bones  
DOS: 1996 0606 P:  
Typed: 1996 0836 dd  
Amend: dd

~~Emergency Services~~

Dictated: 1996  
Report Delivered/Mailed:

CLINICAL HISTORY: STATUS POST MOTOR VEHICLE COLLISION, AIRBAG  
EXPLODED

1996, 0606

FACIAL BONES: We have lateral, reverse Waters', and Caldwell projections of the face. The paranasal sinuses are very well developed in a symmetrical fashion, these are clear and I do not see any evidence of fracture or related pathology.

Dictated By:  
M.D.

RADIOLOGY/NUCLEAR MEDICINE REPORT

DATE 1/4/6	TIME 0315	PERSON CALLING - Person on phone	PHONE NUMBER
PATIENT NAME		AGE 25	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male

<p>wt 125 Au: PCN / sulfa</p> <p>Involved in MVC → ~3A          broke          air bag broke open &amp; contents spilled out          lips blistered          face stinging stinging</p> <p>usually contains:          Na+ azide &amp; alkaline          Na Hydroxide</p> <p>↓                      ↓          irritation              blister</p> <p>Flush w/ water or saline          Tx as burn</p>	NAME
--	------

DIRECT ADMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ROOM ASSIGNMENT	TO BE SEEN IN E.D.? YES	E.D. DOCTOR TO SEE? YES
NOTIFY DOCTOR	WHEN	WHERE IS PATIENT COMING FROM home?	ETA soon
SIGNATURE OF PERSON TAKING CALL		TRANSPORTED BY ?	

EMERGENCY DEPARTMENT  
 EXPECTED PATIENT REPORT

WHITE: CHART    CANARY: ED TRIAGE    PINK: CR, CPEU, OC

## EMERGENCY SERVICES DISCHARGE INSTRUCTIONS FOR FOLLOW-UP CARE

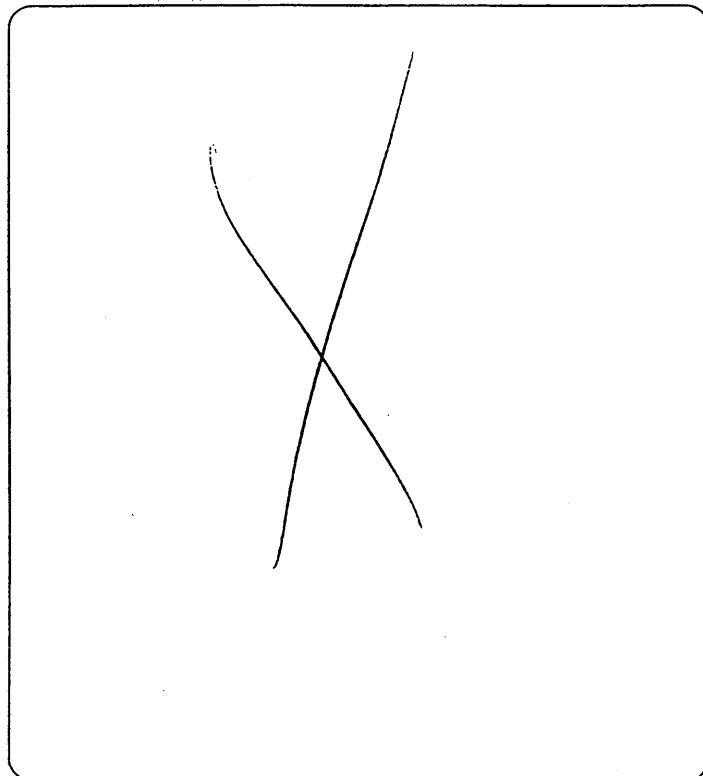
The examination and treatment which you have received has been on an emergency basis only. It is not intended to be a substitute or replacement for complete care from your family physician.

**IF YOU HAVE FURTHER PROBLEMS, RETURN HERE IMMEDIATELY OR CALL**

DIAGNOSIS <u>facial trauma from AIR Gun</u>		
ED PHYSICIAN	ED NURSE	ACTIVITY LEVEL: <input type="checkbox"/> Normal <input type="checkbox"/> Restricted <input type="checkbox"/> Bedrest <input type="checkbox"/> Other _____
<input type="checkbox"/> If Checked, you have received medication that may alter your reflexes, judgement and/or consciousness. Therefore, do not drive or operate dangerous equipment until the effects wear off.		

FOLLOW-UP INSTRUCTIONS	
<input type="checkbox"/> Other Instructions <u>Continue Benadryl 50mg 4 times today</u> <u>Continue ice today</u> <u>Antibiotic ointment to abrasions</u>	
<input type="checkbox"/> Call the office of Dr. _____ for an appointment to be seen in _____ days Phone _____	
<input type="checkbox"/> Call the _____ clinic at _____ for an appointment to be seen in _____ days. Appointments must be scheduled since walk-in services are unavailable.	
<input type="checkbox"/> Return to the Emergency Department/Quick Care or call your doctor for: <u>Use Tetracycline as directed</u>	
<input type="checkbox"/> You are scheduled for the following outpatient test(s): _____ Date _____ Time _____ Special Instructions <u>for pen</u>	
<input type="checkbox"/> Call your doctor or insurance plan for referral to: _____	
<input type="checkbox"/> Other medications given: _____	

**ALL EKG AND X-RAY INTERPRETATIONS MADE IN EMERGENCY SERVICES ARE SUBJECT TO REVIEW BY A RADIOLOGIST AND/OR CARDIOLOGIST. IF THE REVIEW INDICATES ADDITIONAL INFORMATION, YOU OR YOUR PHYSICIAN WILL BE CONTACTED.**



## INSTRUCTION SHEETS GIVEN

- |  |  |
|--|--|
| <input type="checkbox"/> ADULT VIRAL GASTROENTERITIS                     | <input type="checkbox"/> SPRAINED ANKLE              |
| <input type="checkbox"/> ASTHMA  | <input type="checkbox"/> SUNBURN                     |
| <input type="checkbox"/> BACK & NECK INJURY                              | <input type="checkbox"/> TETANUS                     |
| <input type="checkbox"/> BITES & STINGS                                  | <input type="checkbox"/> THREATEN MISCARRIAGE        |
| <input type="checkbox"/> BRUISED OR BROKEN RIBS                          | <input type="checkbox"/> URINARY TRACT INFECTION     |
| <input type="checkbox"/> CAST CARE                                       | <input type="checkbox"/> URTICARIA (HIVES)           |
| <input type="checkbox"/> CHILDREN WITH A HIGH FEVER                      | <input type="checkbox"/> VIRAL PHARYNGITIS           |
| <input type="checkbox"/> CRABS   | <input type="checkbox"/> VIRAL SYNDROME              |
| <input type="checkbox"/> CRUTCH/WALKER                                   | <input type="checkbox"/> MINOR BURNS                 |
| <input type="checkbox"/> CULTURES  | <input type="checkbox"/> NOSE BLEED                  |
| <input type="checkbox"/> EYE CARE  | <input type="checkbox"/> OTITIS MEDIA                |
| <input type="checkbox"/> HEAD INJURY                                     | <input type="checkbox"/> PELVIC INFLAMMATORY DISEASE |
| <input type="checkbox"/> HERPES SIMPLEX VIRUS                            | <input type="checkbox"/> POISON IVY                  |
| <input type="checkbox"/> KIDNEY STONES                                   | <input type="checkbox"/> PSYCHIATRIC FOLLOW-UP       |
| <input type="checkbox"/> LUMBAR PUNCTURE                                 | <input type="checkbox"/> SCABIES                     |
| <input checked="" type="checkbox"/> LACERATIONS, CUTS, ABRASIONS & BURNS | <input type="checkbox"/> SPRAINS OR SEVERE BRUISES   |
|  | <input type="checkbox"/> OTHER _____                 |

## WORK/SCHOOL EXCUSE:

- |  |   |
|--|---|
| <input type="checkbox"/> RETURN TO WORK (LIGHT DUTY)     | <input type="checkbox"/> OFF WORK 24 HOURS            |
| <input type="checkbox"/> RETURN TO WORK (NO LIMITATIONS) | <input checked="" type="checkbox"/> OFF WORK 48 HOURS |
| <input type="checkbox"/> EXCUSE FROM SCHOOL 24 HOURS     | <input type="checkbox"/> RETURN TO SCHOOL             |
| <input type="checkbox"/> EXCUSE FROM SCHOOL 48 HOURS     | <input type="checkbox"/> NO GYM _____ DAYS            |

PATIENT SIGNATURE

INSTRUCTED BY

WITNESS

DATE

96

**MEDICAL RECORDS**  
**FROM**  
**FOLLOW-UP MEDICAL FACILITY VISITS**



[REDACTED] Health Affiliate

M.P.# [REDACTED]

M.D. [REDACTED]

ER [REDACTED]

## EMERGENCY DEPARTMENT PHYSICIAN NOTE

DATE OF PRESENTATION: 96

TIME DICTATED: 9:33 A

CHIEF COMPLAINT: Recheck on facial burn

HISTORY OF PRESENT ILLNESS: This is a 25 year old white female who states that she was in a car accident and thought she got chemical material on her face from the air bag, last [REDACTED] She has had continued burning and pain in her lips and chin since then. She has been cleaning with Neutrogena and applying Neosporin ointment. She still complains of some pain. She has had no fever, chills. She has no other complaints.

PAST MEDICAL HISTORY: [REDACTED]

CURRENT MEDICATIONS: [REDACTED]

ALLERGIES: [REDACTED]

FAMILY HISTORY: [REDACTED]

SOCIAL HISTORY: [REDACTED]

REVIEW OF SYSTEMS: [REDACTED]

PHYSICAL EXAMINATION: Abrasions of both lips, especially her lower lip and chin. She has a little bit of purulent type oozing from the central areas although there is no surrounding erythema. She does have minimal edema of the lips. Teeth are intact. Jaw seems intact.

DIAGNOSTIC TEST RESULTS: [REDACTED]

EMERGENCY DEPARTMENT COURSE: [REDACTED]

CLINICAL IMPRESSION: Abrasions of the lips and chin with possible secondary infection

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[REDACTED]

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[REDACTED]

M.D. ER

M.R. #

EMERGENCY DEPARTMENT PHYSICIAN NOTE

DATE; 96

Page 2

**TREATMENT PLAN/DISPOSITION:** The patient was advised to continue local wound care. I gave her a prescription for Keflex and at her request a prescription for 15 Vicodin and a referral to [REDACTED] to follow up, to have this rechecked this week to ensure that she is healing properly.

---

D: 96  
T: 96 9:37 A / /

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INITIALS	NURSING STAFF SIGNATURE

BEST AVAILABLE

# EMERGENCY ROOM RECORD #11

PAGED	ANS.	HOUSE STAFF

<input type="checkbox"/> CORONER NOTIFIED	TIME	ORDERS	TIME	INT
<input type="checkbox"/> PROTECTIVE SERVICES NOTIFIED				
REPORT CALLED	TIME	INITIAL	<input type="checkbox"/> UNIT	<input type="checkbox"/> NURSING HOME
			<input type="checkbox"/> OTHER	

TIME: 9:00	TRIAGE NOTE: <i>PT to ER Ambulatory</i>
CLASSIFICATION: <i>A</i>	<i>for burns on face from car fire</i>
	<i>Chemicals, improvement</i>

*{actually Friday AM}*

LAST TETANUS: <i>1989</i>	ALLERGIES: <i>Penicillin</i>	PAST MED HISTORY: <i>asthma</i>
---------------------------	------------------------------	---------------------------------

CURRENT MEDICINES: <i>Acetaminophen</i>	MEDS. TAKEN AS PRESCRIBED? <input type="checkbox"/> YES <input type="checkbox"/> NO
TIME TO TX AREA: <i>9:10</i>	IF NO, EXPLAIN: <i>prevent</i>

PRIMARY RN: <i>0916</i>	PRIMARY RN: <i>0916</i>
TIME: <i>0916</i>	NURSING NOTES: <i>He has yellowish abrasions on face. Vision intact. He stated abrasions are much worse than initially. He declined tetanus shot declined</i>

TIME MEDICATIONS: ORDERS AND ADMINISTRATION SITE TIME INT.

PHYSICIAN'S SIGN

TIME	TEMP	B.P.	OUTPUT	INITIALS
			NG URINE	

TIME	BAG #	SITE/SIZE	AMT. SOLUTION	INFUSED AMT.	TOTAL	INITIALS

☐ FAMILY/SIGNIFICANT OTHER NOTIFIED OF PATIENT CONDITION

DISCHARGE SUMMARY/PATIENT CONDITION:

*0940 OK ambulatory. Pt. understands of the situation*

IV. DC/TIME:	SITE COND.	TOTAL

LAST NAME	ADM./REFERRAL DR.	ADM. TO RM NO.	TIME OF REL	FEE CODE
			<i>0940</i>	<i>1</i>

MEDICAL RECORD

## EMERGENCY SERVICES DISCHARGE INSTRUCTIONS FOR FOLLOW-UP CARE

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## DIAGNOSIS

ED PHYSICIAN

ED NURSE

ACTIVITY LEVEL:

☐ Normal ☐ Restricted ☐ Bedrest

☐ Other \_\_\_\_\_

☐ If Checked, you have received medication that may alter your reflexes, judgement and/or consciousness. Therefore, do not drive or operate dangerous equipment until the effects wear off.

## FOLLOW-UP INSTRUCTIONS

☐ Other Instructions Clean face with hydrogen peroxide and apply Neosporin ointment 3 times per day. Redness at the site 3x 4 days

☐ Call the office of Dr. \_\_\_\_\_ for an appointment to be seen in 3-4 days Phone \_\_\_\_\_

☐ Call the \_\_\_\_\_ clinic at \_\_\_\_\_ for an appointment to be seen in \_\_\_\_\_ days. Appointments must be scheduled since walk-in services are unavailable.

☐ Return to the Emergency Department/Quick Care or call your doctor for: \_\_\_\_\_

☐ You are scheduled for the following outpatient test(s): \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Special Instructions \_\_\_\_\_

☐ Call your doctor or insurance plan for referral to: \_\_\_\_\_

☐ Other medications given: Vicodin #15

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| <input type="checkbox"/> CRABS                                | <input type="checkbox"/> VIRAL SYNDROME              |
| <input type="checkbox"/> CRUTCH/WALKER                        | <input type="checkbox"/> MINOR BURNS                 |
| <input type="checkbox"/> CULTURES                             | <input type="checkbox"/> NOSE BLEED                  |
| <input type="checkbox"/> EYE CARE                             | <input type="checkbox"/> OTITIS MEDIA                |
| <input type="checkbox"/> HEAD INJURY                          | <input type="checkbox"/> PELVIC INFLAMMATORY DISEASE |
| <input type="checkbox"/> HERPES SIMPLEX VIRUS                 | <input type="checkbox"/> POISON IVY                  |
| <input type="checkbox"/> KIDNEY STONES                        | <input type="checkbox"/> PSYCHIATRIC FOLLOW-UP       |
| <input type="checkbox"/> LUMBAR PUNCTURE                      | <input type="checkbox"/> SCABIES                     |
| <input type="checkbox"/> LACERATIONS, CUTS, ABRASIONS & BURNS | <input type="checkbox"/> SPRAINS OR SEVERE BRUISES   |
|   | <input type="checkbox"/> OTHER _____                 |

## WORK/SCHOOL EXCUSE:

- |  |  |
|--|--|
| <input type="checkbox"/> RETURN TO WORK (LIGHT DUTY)     | <input type="checkbox"/> OFF WORK 24 HOURS |
| <input type="checkbox"/> RETURN TO WORK (NO LIMITATIONS) | <input type="checkbox"/> OFF WORK 48 HOURS |
| <input type="checkbox"/> EXCUSE FROM SCHOOL 24 HOURS     | <input type="checkbox"/> RETURN TO SCHOOL  |
| <input type="checkbox"/> EXCUSE FROM SCHOOL 48 HOURS     | <input type="checkbox"/> NO GYM _____ DAYS |

## PATIENT SIGNATURE

INST. BY

WIT

DATE

16.

Keflex 500mg  
A14-  
Sig: po BID

96

**MEDICAL RECORDS**  
**FROM**  
**FOLLOW-UP PHYSICIAN VISITS**



Office Note

1996

She is 25 and was involved in a motor vehicle accident on 19. At that time, the airbag erupted and she suffered a laceration/chemical burn to the left lower lateral face. Associated with this is an injury to the vermillion and lower lateral mucosa of the left lip. Photographs were taken today. Advice regarding wound care, including abstention from ultraviolet injury and moisturizer was advised. In addition, I gave her a sample of the Biomedic.

---

M.D.

pt Cancelled

1996

---

<sup>1996</sup>  
A disarmed local case.  
F/U Tyr

1996

-dict-

